FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **822670** **(6)**

1. Corporation Name

FEDERAL APD INCORPORATED

Principal Place of Business	Mailing Address
24700 CRESTVIEW COURT FARMINGTON HILLS MI 48335	24700 CRESTVIEW COURT FARMINGTON HILLS MI 48335

3. Date Incorporated or Qualified: **04/23/1969**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **38-1429512** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POLAN, JESSE N.		1.2 NAME		
STREET ADDRESS	27340 WILLOWGREEN COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN MI		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOUDELKA, J. PIERRE		2.2 NAME		
STREET ADDRESS	100 OLD MILFORD FARM RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILFORD MI		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, JOSEPH J.		3.2 NAME		
STREET ADDRESS	1195 LEPROVENCE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RACIC, ROBERT W.		4.2 NAME		
STREET ADDRESS	10430 S. 89TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALOSHILLS IL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEHRENBERG, KIM A.		5.2 NAME		
STREET ADDRESS	538 BRAEMAR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPIERVILLE IL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, MICHAEL J		6.2 NAME		
STREET ADDRESS	42055 WATERWELL RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHVILLE MI		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted, with an address.

SIGNATURE: Michael J Murphy M. Ke Murphy 2/8/96 (810) 477-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)