


**FILED**  
**Jun 29, 1999 8:00 am**  
**Secretary of State**

06-29-1999 90009 048 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # 822670</b> 1. Corporation Name <b>FEDERAL APD INCORPORATED</b>		

Principal Place of Business  
 24700 CRESTVIEW COURT  
 FARMINGTON HILLS MI 48335

Mailing Address  
 42775 NINE MILE  
 NOVI MI 48375  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 42775 W. NINE MILE		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/23/1969	
22 City & State 23 MI		27 City & State		4. FEI Number 38-1429512	
24 48375 25 US		29 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 528 EAST PARK AVENUE 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	
		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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	POLAN, JESSE N.	1.2 NAME	CASSENS MARK
STREET ADDRESS	27340 WILLOWGREEN COURT	1.3 STREET ADDRESS	933 WEST HILLS DRIVE
CITY-ST-ZIP	FRANKLIN MI	1.4 CITY-ST-ZIP	SOUTH LYNN, MI 48178
TITLE	V	2.1 TITLE	VP
NAME	KOUDELKA, J. PIERRE	2.2 NAME	SUSAN SIDAWAY
STREET ADDRESS	100 OLD MILFORD FARM RD	2.3 STREET ADDRESS	6760 LANGLE DR.
CITY-ST-ZIP	MILFORD MI	2.4 CITY-ST-ZIP	CLARKSTON, MI 48346
TITLE	D	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
NAME	WEHRENBURG, KIM A.	5.2 NAME	
STREET ADDRESS	538 BRAEMAR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPIERVILLE IL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	THOMAS ROLLO	6.2 NAME	
STREET ADDRESS	17550 FAIR FIELD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVONIA MI 48152	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.E. SIDAWAY

7/9/99

248-394-9613

Date

Daytime Phone #

CR2E03A (1/198)