

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822670

1. Entity Name  
FEDERAL APD INCORPORATED

Principal Place of Business  
42775 W NINE MILE  
NOVI MI 48375  
US

Mailing Address  
42775 NINE MILE  
NOVI MI 48375  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 38-1429512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CASSENS, MARK  
STREET ADDRESS 933 WEST HILLS DRIVE  
CITY-ST-ZIP SOUTH LYON MI 48178 ☐ Delete

TITLE D  
NAME ROSS, JOSEPH J.  
STREET ADDRESS 1195 LEPROVENCE  
CITY-ST-ZIP NAPERVILLE FL ☐ Delete

TITLE T  
NAME RACIC, ROBERT W.  
STREET ADDRESS 10430 S. 89TH AVE.  
CITY-ST-ZIP PALOSHILLS IL ☐ Delete

TITLE S  
NAME WEHRENBURG, KIM A.  
STREET ADDRESS 538 BRAEMAR  
CITY-ST-ZIP NAPERVILLE IL ☐ Delete

TITLE VP  
NAME THOMAS ROLLO  
STREET ADDRESS 17550 FAIR FIELD  
CITY-ST-ZIP LIVONIA MI 48152 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Matthew C. Manelli  
VP of Finance

7/5/01

248-374-9600

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90008 030 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)