

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822670

FILED
Feb 27, 2004
Secretary of State

Entity Name: FEDERAL APD INCORPORATED

Current Principal Place of Business:

42775 W NINE MILE
NOVI, MI 48375 US

New Principal Place of Business:

Current Mailing Address:

42775 NINE MILE
NOVI, MI 48375 US

New Mailing Address:

FEI Number: 38-1429512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASSENS, MARK
Address: 933 WEST HILLS DRIVE
City-St-Zip: SOUTH LYON, MI 48178

Title: D (X) Delete
Name: ROSS, JOSEPH J.,
Address: 1195 LEPROVENCE
City-St-Zip: NAPERVILLE, FL

Title: T () Delete
Name: RACIC, ROBERT W.,
Address: 10430 S. 89TH AVE.
City-St-Zip: PALOSHILLS, IL

Title: S () Delete
Name: WEHRENBURG, KIM A.,
Address: 538 BRAEMAR
City-St-Zip: NAPIERVILLE, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW MANELLI

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02/27/2004

Electronic Signature of Signing Officer or Director

Date