

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 12:37

DOCUMENT # **823491** (6)

1. Corporation Name  
**AMERICAN ROAD SERVICES COMPANY**

Principal Place of Business <b>LEGAL OFFICE PO BOX 6044 DEARBORN MICHIGAN 48121 US</b>	Mailing Address <b>LEGAL OFFICE PO BOX 6044 DEARBORN MICHIGAN 48121 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/05/1969</b>	3a. Date of Last Report <b>03/31/1994</b>
4. FEI Number <b>38-1899518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD ✓ PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, Name or printed name of registered agent and title of agent as in NOTE. Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>HEIMLICH, J.L. ✓</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>THE AMERICAN RD</b>	CITY, ST, ZIP <b>DEARBORN MI</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE <b>VCD</b>	NAME <b>FORD II, EDESL BENSON</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>THE AMERICAN ROAD</b>	CITY, ST, ZIP <b>DEARBORN MI</b>	2.2 NAME	<b>CB</b>
		2.3 STREET ADDRESS	<b>WARNER, ROBERT D.</b>
		2.4 CITY, ST, ZIP	
TITLE <b>VT</b>	NAME <b>STAEHLIN, W. O.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>THE AMERICAN ROAD</b>	CITY, ST, ZIP <b>DEARBORN MI</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE <b>AS</b>	NAME <b>ROGOFF, CAROL V. ✓</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>THE AMERICAN RD</b>	CITY, ST, ZIP <b>DEARBORN MI</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE <b>V</b>	NAME <b>CULLMAN, P. A.</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1013 AUDUBON</b>	CITY, ST, ZIP <b>GROSSE POINT PK MI 48208</b>	5.2 NAME	<b>V</b>
		5.3 STREET ADDRESS	<b>MORITZ, JAMES M.</b>
		5.4 CITY, ST, ZIP	<b>THE AMERICAN ROAD</b>
			<b>DEARBORN, MI</b>
TITLE <b>EV</b>	NAME <b>COATES, KENNETH JOHN ✓</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>THE AMERICAN ROAD</b>	CITY, ST, ZIP <b>DEARBORN MI</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		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 110.07(3)(k), 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 recorder or trustee empowered to execute the 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.

SIGNATURE: *Carol V. Rogoff* **Carol V. Rogoff** Assistant Secretary **APR 01 1995** (513) 323-8980