

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15, 1999 8:00 am
Secretary of State

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10-20001

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 823491

1. Corporation Name
AMERICAN ROAD SERVICES COMPANY



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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 11/05/1969	
4. FEI Number 38-1899518	Applied For <input type="checkbox"/> Not Applicable
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
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MORTIZ, JAMES
STREET ADDRESS	THE AMERICAN RD
CITY-ST-ZIP	DEARBORN MI 48121
TITLE	C <input type="checkbox"/> DELETE
NAME	SMITH, GREGORY
STREET ADDRESS	THE AMERICAN ROAD
CITY-ST-ZIP	DEARBORN MI 48121
TITLE	VPT <input checked="" type="checkbox"/> DELETE
NAME	BURKHARD, JOHN P.
STREET ADDRESS	THE AMERICAN ROAD
CITY-ST-ZIP	DEARBORN MI
TITLE	AS <input type="checkbox"/> DELETE
NAME	LEE, ANN O
STREET ADDRESS	THE AMERICAN RD
CITY-ST-ZIP	DEARBORN MI 48121
TITLE	VP <input type="checkbox"/> DELETE
NAME	ACTON, ELIZABETH
STREET ADDRESS	THE AMERICAN ROAD
CITY-ST-ZIP	DEARBORN MI 48121
TITLE	EV <input type="checkbox"/> DELETE
NAME	COATES, KENNETH JOHN
STREET ADDRESS	THE AMERICAN ROAD
CITY-ST-ZIP	DEARBORN MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	EV/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, GREGORY
2.3 STREET ADDRESS	THE AMERICAN ROAD
2.4 CITY-ST-ZIP	DEARBORN, MI 48121
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID P. COSPER
3.3 STREET ADDRESS	THE AMERICAN ROAD
3.4 CITY-ST-ZIP	DEARBORN MI 48121
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Ann O Lee* **ANN O LEE, ASSISTANT SECRETARY** (313) 248-8078
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)