FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **823768** **(7)**

1. Corporation Name
GUARDIAN INDUSTRIES CORP.

Principal Place of Business	Mailing Address
43043 WEST NINE MILE RD NORTHVILLE MICH 48167	43043 WEST NINE MILE RD NORTHVILLE MICH 48167

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 HARMON ROAD 22 Suite, Apt. #, etc. 23 AUBURN Hills, MI 24 48326-1714 25 County USA	2a. Mailing Address 26 2300 HARMON ROAD 27 Suite, Apt. #, etc. 28 AUBURN Hills, MI 29 48326-1714 30 County USA

3. Date Incorporated or Qualified: 10/20/1969
3a. Date of Last Report: 04/19/1994
4. FEI Number: 38-0614230 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

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

11. Pursuant to the provisions of Sections 607.0501 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 _____ (If changing Registered Agent, Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	T	11 TITLE	☑ Change ☐ Addition
12 NAME	CLARK, DAVID	12 NAME	
13 STREET ADDRESS	43043 W NINE MILE RD	13 STREET ADDRESS	2300 HARMON ROAD
14 CITY ST ZIP	NORTHVILLE, MI 00000	14 CITY ST ZIP	AUBURN Hills, MI 48326-1714
21 TITLE	V	21 TITLE	☑ Change ☐ Addition
22 NAME	KNIGHT, JEFFREY	22 NAME	
23 STREET ADDRESS	43043 W NINE MILE RD	23 STREET ADDRESS	2300 HARMON ROAD
24 CITY ST ZIP	NORTHVILLE MI	24 CITY ST ZIP	AUBURN Hills, MI 48326-1714
31 TITLE	PD	31 TITLE	☑ Change ☐ Addition
32 NAME	DAVIDSON, W, M	32 NAME	
33 STREET ADDRESS	43043 W NINE MILE RD	33 STREET ADDRESS	2300 HARMON ROAD
34 CITY ST ZIP	NORTHVILLE, MI 0	34 CITY ST ZIP	AUBURN Hills, MI 48326-1714
41 TITLE	V	41 TITLE	☑ Change ☐ Addition
42 NAME	GERSON, RALPH	42 NAME	
43 STREET ADDRESS	43043 W NINE MILLE RD	43 STREET ADDRESS	2300 HARMON ROAD
44 CITY ST ZIP	NORTHVILLE, MI 00000	44 CITY ST ZIP	AUBURN Hills, MI 48326-1714
51 TITLE	S	51 TITLE	☑ Change ☐ Addition
52 NAME	FELDMAN, O H	52 NAME	
53 STREET ADDRESS	43043 W NINE MILE RD	53 STREET ADDRESS	2300 HARMON ROAD
54 CITY ST ZIP	NORTHVILLE, MI 00000	54 CITY ST ZIP	AUBURN Hills, MI 48326-1714
61 TITLE	V	61 TITLE	☑ Change ☐ Addition
62 NAME	RAPPAPORT, PAUL	62 NAME	
63 STREET ADDRESS	43043 W NINE MILE RD	63 STREET ADDRESS	2300 HARMON ROAD
64 CITY ST ZIP	NORTHVILLE MI	64 CITY ST ZIP	AUBURN Hills, MI 48326-1714

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 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 this 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 above, or on an attachment with an address.

SIGNATURE: Paul M Rappaport V/P (810) 340-1800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
PAUL M RAPPAPORT TAX COUNSEL

0470660 FP