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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **824557** **(3)**

1. Corporation Name
DECOMA ENTERPRISES, INC.

Principal Place of Business
%ALLEN & OHARA INC
3385 AIRWAYS BOULEVARD
MEMPHIS TENNESSEE 38116

Mailing Address
%ALLEN & OHARA INC
3385 AIRWAYS BOULEVARD
MEMPHIS TENNESSEE 38116-3841

3. Date Incorporated or Qualified: 05/19/1970
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 62-0842646 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ 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 FL 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPT	☒ DELETE
NAME	BOLDING, JAY D	
STREET ADDRESS	3385 AIRWAYS BLVD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	V	☒ DELETE
NAME	JANSEN, PAT J.	
STREET ADDRESS	1506 BROWNWOOD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	S	☐ DELETE
NAME	HAYS, BARBARA S	
STREET ADDRESS	231 GARDENIA	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	☐ DELETE
NAME	BOWER, PAUL O	
STREET ADDRESS	9200 ROCKY CANNON DR.	
CITY-ST-ZIP	CORDOVA TN	
TITLE	D	☐ DELETE
NAME	PORTER, CLYDE C.	
STREET ADDRESS	6611 LARCH LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	HARRY S. HAYS	
1.3 STREET ADDRESS	231 GARDENIA	
1.4 CITY-ST-ZIP	Memphis, TN	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Executive Vice President 5/1/97 (901)345-7620