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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:09

DOCUMENT # 828414 (3)

1. Corporation Name

FOREMOST FINANCIAL SERVICES CORPORATION

Principal Place of Business	Mailing Address
5600 BEECH TREE DRIVE P O BOX 2450 GRAND RAPIDS MI 49501-2450	5600 BEECH TREE DRIVE P O BOX 2450 GRAND RAPIDS MI 49501-2450

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1972
3a. Date of Last Report: 02/01/1994

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: 73-0462770 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ORANGE, LARRY J	1.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	COK, MICHAEL J.	2.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	☐ Change ☐ Addition
NAME	ANTONINI, RICHARD L.	3.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WELSH, DONALD D	4.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	☐ Change ☐ Addition
NAME	YARED, PAUL D.	5.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	☒ Change ☐ Addition
NAME	BOSHOVEN, STEPHEN J.	6.2 NAME	← DELETE THIS NAME
STREET ADDRESS	5600 BEECH TREE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	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 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: X P D Yared 02/01/95 (616) 956-3750
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL D. YARED - SECRETARY

CR