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 -9 AM 11:55

DOCUMENT # 837649 (3)

1. Corporation Name
ANDERSEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
24333 INDOPLEX CIRCLE FARMINGTON MI 48335-2525	24333 INDOPLEX CIRCLE FARMINGTON MI 48335-2525

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1976
3a. Date of Last Report: 03/03/1994
4. FEI Number: 38-1722178 ☐ 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

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

9. Name and Address of Current Registered Agent

TYMOSKO, DENNIS J.
4732 N.W. 165 STREET
HIALEAH FL 33014

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	
TITLE	CD
NAME	CAMPAU, THOMAS M.
STREET ADDRESS	24333 INDOPLEX CIR.
CITY-ST-ZIP	FARMINGTON MI
TITLE	P
NAME	O'DETTE, JAMES J.
STREET ADDRESS	3146 BROADMOOR AVE.
CITY-ST-ZIP	GRAND RAPIDS MI
TITLE	S
NAME	FORESTER, THOMAS
STREET ADDRESS	24333 INDOPLEX CIR.
CITY-ST-ZIP	FARMINGTON MI
TITLE	CE
NAME	ANDERSEN, HANS JR
STREET ADDRESS	6321 PANORAMA DR.
CITY-ST-ZIP	BRENTWOOD TN
TITLE	AT
NAME	CRAWFORD, CORY
STREET ADDRESS	24333 INDOPLEX CIRCLE
CITY-ST-ZIP	FARMINGTON MI
TITLE	VP
NAME	TAPPAN, CHARLES
STREET ADDRESS	24333 INDOPLEX CIRCLE
CITY-ST-ZIP	FARMINGTON MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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: Cory K Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0407235 FP