

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **837649** (3)

1. Corporation Name  
**ANDERSEN & ASSOCIATES, INC.**



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

*Change of address*  
2. Principal Place of Business  
21. **P.O. Box 1015**  
22. **Wixom, MI**  
23. **48393-1015** **U.S.A.**  
2a. Mailing Address  
26. **P.O. Box 1015**  
27. **Wixom, MI**  
28. **48393-1015** **U.S.A.**

3. Date Incorporated or Qualified: **12/30/1976**  
3a. Date of Last Report: **02/09/1995**  
4. FEI Number: **38-1722178**  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**TYMOSKO, DENNIS J.  
4732 N.W. 165 STREET  
HIALEAH FL 33014**

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 607.1215, 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 I accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(k), 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 trustee of a trust or 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, for an appointment with an addition.

SIGNATURE: *Cory K Crawford* **2/27/96** **(810)853-6158**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)