

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838970 (2)
1. Corporation Name
HIRAM WALKER-AV CO.

Principal Place of Business 3000 TOWN CENTER STE #3200 SOUTHFIELD MI 48075-1102 US	Mailing Address P.O. BOX 33006 DETROIT MI 48232-5006 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
07/22/1977

4. FEI Number
38-1586438

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, GEORGE F	1.2 NAME	
STREET ADDRESS	3000 TOWN CENTER STE 3200	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, JOHN	2.2 NAME	
STREET ADDRESS	222 CEDAR LANE RM 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEANECK NJ 07666	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BLAIR A	3.2 NAME	
STREET ADDRESS	3000 TOWN CENTER STE 3200	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMONS, LEON R	4.2 NAME	
STREET ADDRESS	3000 TOWN CENTER STE 3200	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, NED	5.2 NAME	
STREET ADDRESS	3000 TOWN CENTER STE 3200	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREMERING, MICHAEL J	6.2 NAME	
STREET ADDRESS	3000 TOWN CENTER #3200	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	6.4 CITY-ST-ZIP	

14. I 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: *Michael J. Cremering* **ASST. TREASURER 1/14/98 (313) 9105-6611**

CR2E034 (10/97)