

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90040 036 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 838970**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/22/1977**

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

22 City & State

**23**

**24 Zip**

**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

27 City & State

**28**

**29 Zip**

**30 Country**

4. FEI Number

**38-1586438**

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 owes the current year Intangible  
Personal Property Tax.

☒ 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** **CD** ☐ DELETE

**NAME** **MCCARTHY, GEORGE F**  
**STREET ADDRESS** **3000 TOWN CENTER STE 3200**  
**CITY-ST-ZIP** **SOUTHFIELD MI**

**TITLE** **PD** ☐ DELETE

**NAME** **ALEXANDER, JOHN**  
**STREET ADDRESS** **222 CEDAR LANE RM 203**  
**CITY-ST-ZIP** **TEANECK NJ 07666**

**TITLE** **T** ☐ DELETE

**NAME** **CLARK, BLAIR A**  
**STREET ADDRESS** **3000 TOWN CENTER STE 3200**  
**CITY-ST-ZIP** **SOUTHFIELD MI**

**TITLE** **S** ☒ DELETE

**NAME** **TIMMONS, LEON R**  
**STREET ADDRESS** **3000 TOWN CENTER STE 3200**  
**CITY-ST-ZIP** **SOUTHFIELD MI**

**TITLE** **VP** ☐ DELETE

**NAME** **CARPENTER, NED**  
**STREET ADDRESS** **3000 TOWN CENTER STE 3200**  
**CITY-ST-ZIP** **SOUTHFIELD MI**

**TITLE** **AT** ☐ DELETE

**NAME** **CREMERING, MICHAEL J**  
**STREET ADDRESS** **3000 TOWN CENTER #3200**  
**CITY-ST-ZIP** **SOUTHFIELD 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 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 with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mar 31/99 (519) 254-5171**  
Date Daytime Phone #

CR2E034 (1/98)