2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#838970

Entity Name: HIRAM WALKER-AV CO.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9350 SO. DIXIE HWY 1450 MIAMI, FL 33156 **Current Mailing Address: New Mailing Address:** P.O. BOX 33006 DETROIT, MI 482325006 US FEI Number: 38-1586438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition RICHARDSON, CHARLES KENNEDY, MICHAEL Name: Name: THE PAVILIONS, BRIDGEWATER ROAD 355 RIVERSIDE AVENUE Address: Address: City-St-Zip: BEDMINSTER DOWN, BRISTOL, UK BS138AR UK City-St-Zip: WESTPORT, CT 06880 Title: Title: () Delete () Change () Addition CONSUEGRA, ANDY Name: Name: 9350 SO. DIXIE HWY, STE.1450 Address: Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CONSTANDIS, CON Name: Name: 355 RIVERSIDE AVE. Address: Address: WESTPORT, CT 06880 City-St-Zip: City-St-Zip: Title: **VPS** () Delete Title: (X) Change () Addition STAINTON, DAVID M GORMAN, HAROLD V Name: Name: Address: 2072 RIVERSIDE DR E Address: 355 RIVERSIDE AVENUE City-St-Zip: WINDSOR, ONTARIO CANADA. N84 4S5 City-St-Zip: WESTPORT, CT 06880 Title: Title: (X) Change () Addition () Delete CREMERING, MICHAEL J CREMERING, MICHAEL J Name: Name: 2072 RIVERSIDE DR E Address: 2072 RIVERSIDE DR E Address: City-St-Zip: WINDSOR, ONTARIO CANADA, N84 4S5 City-St-Zip: WINDSOR,, ON N8Y 4S5 Title: () Delete Title: (X) Change () Addition MCBRIDE, MAUREEN VPAGC MCBRIDE, MAUREEN VPAGC Name: Name: 355 RIVERSIDE AVENUE Address: Address: 355 RIVERSIDE AVENUE City-St-Zip: WESTPORT, CT 06880 City-St-Zip: WESTPORT, CT 06880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN MCBRIDE V 04/12/2005