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

APPROVED AND FILED
95 MAY -1 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840036 (8)

1. Corporation Name

Core Industries Inc

Principal Place of Business	Mailing Address
500 NORTH WOODWARD AVENUE BLOOMFIELD HILLS, MI 48304	500 NORTH WOODWARD AVENUE BLOOMFIELD HILLS, MI 48304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/16/78
3a. Date of Last Report: 5/1/94

2. Principal Place of Business (21): Suite, Apt #, etc (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt #, etc (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 38-1052434 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	HOOPER, THOMAS G.	12 NAME	
STREET ADDRESS	500 N. WOODWARD AVENUE	13 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS, MI 48304	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MARKO, HAROLD	22 NAME	
STREET ADDRESS	500 N. WOODWARD AVENUE	23 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS, MI 48304	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STONE, ROBERT G. JR.	32 NAME	
STREET ADDRESS	500 N. WOODWARD AVENUE	33 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS, MI 48304	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, ALAN E.	42 NAME	
STREET ADDRESS	500 N. WOODWARD AVENUE	43 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS, MI 48304	44 CITY ST ZIP	
TITLE	V/S/D	51 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE J. MURPHY	52 NAME	
STREET ADDRESS	500 N. WOODWARD	53 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS, MI 48304	54 CITY ST ZIP	
TITLE	P/D	61 TITLE	☐ Change ☐ Addition
NAME	ZIMMER, DAVID R.	62 NAME	
STREET ADDRESS	500 N. WOODWARD AVENUE	63 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS, MI 48304	64 CITY ST ZIP	

400001 [illegible]
-05/16/95--01014--011
****600.00 ****200.00

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: Thomas G Hooper 4-25-95 810-642-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas G. Hooper

840036 (8)
CORE INDUSTRIES INC
500 NORTH WOODWARD AVENUE
BLOOMFIELD HILLS, MI 48304

ITEM 12 (CONTINUED):

TITLE	NAMES OF OFFICERS AND DIRECTORS	ADDRESS	CITY AND STATE
D	KUGHN, RICHARD P	500 N WOODWARD AVE	BLOOMFIELD HILLS, MI 48304
D	ALIX, JAY	500 N WOODWARD AVE	BLOOMFIELD HILLS, MI 48304
V	MARKO, MATTHEW P	500 N WOODWARD AVE	BLOOMFIELD HILLS, MI 48304
V	DIXON, JAMES P	500 N WOODWARD AVE	BLOOMFIELD HILLS, MI 48304
V	STEBEN, JR RAYMOND H	500 N WOODWARD AVE	BLOOMFIELD HILLS, MI 48304