

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **844062** (0)

1. Corporation Name
ENVIRONMENTAL RESEARCH INSTITUTE OF MICHIGAN, INC.



Principal Place of Business
**1975 GREEN ROAD
P O BOX 134001
ANN ARBOR MI 48113-4001**

Mailing Address
**1975 GREEN ROAD
P O BOX 134001
ANN ARBOR MI 48113-4001**

3. Date Incorporated or Qualified **09/05/1979** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **38-1983442** 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VS <input checked="" type="checkbox"/> DELETE	1.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYPOOL, GARY	1.2 NAME HENRY, ROBERT
STREET ADDRESS	1975 GREEN RD.	1.3 STREET ADDRESS 1975 GREEN RD.
CITY-ST-ZIP	ANN ARBOR MI	1.4 CITY-ST-ZIP ANN ARBOR MI
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE EXEC. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBLUM, ROBERT A	2.2 NAME ZOREA, CARLOS
STREET ADDRESS	1975 GREEN RD.	2.3 STREET ADDRESS 1975 GREEN RD.
CITY-ST-ZIP	ANN ARBOR MI	2.4 CITY-ST-ZIP ANN ARBOR MI
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, PETER M.	3.2 NAME
STREET ADDRESS	1975 GREEN RD.	3.3 STREET ADDRESS
CITY-ST-ZIP	ANN ARBOR MI	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE 300001763953 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME -04/01/96--01018--022
STREET ADDRESS		4.3 STREET ADDRESS ***\$61.25
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Rosenblum* **Robert Rosenblum**
 V.P. & Treasurer **2/9/96 313-994-1200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day, Date, Phone #

CR2E037 (12/95)