

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **847768** (9)
1. Corporation Name
OLDE DISCOUNT CORPORATION



Principal Place of Business

751 GRISWOLD
ATTN: TAX DEPT
DETROIT MI 48226
US

Mailing Address

751 GRISWOLD
ATTN: TAX DEPT
DETROIT MI 48226
US

3. Date Incorporated or Qualified 12/22/1980	3a. Date of Last Report 04/04/1995
4. FEI Number 38-1961943	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Treasurer
NAME	OLDE, ERNEST J	1.2 NAME	Patrick Sutka
STREET ADDRESS	751 GRISWOLD	1.3 STREET ADDRESS	751 Griswold
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	Detroit, MI 48226
TITLE	S	2.1 TITLE	Director
NAME	FILDES, LISA S	2.2 NAME	Daniel S. Patterson
STREET ADDRESS	751 GRISWOLD	2.3 STREET ADDRESS	751 Griswold
CITY-ST-ZIP	DETROIT MI	2.4 CITY-ST-ZIP	Detroit, MI 48226
TITLE	PD	3.1 TITLE	Director
NAME	FREEMAN, JAMES S.	3.2 NAME	Michael S. Dzido
STREET ADDRESS	751 GRISWOLD	3.3 STREET ADDRESS	751 Griswold
CITY-ST-ZIP	DETROIT MI	3.4 CITY-ST-ZIP	Detroit, MI 48226
TITLE	CFOV	4.1 TITLE	
NAME	SUTTON, MACK H.	4.2 NAME	
STREET ADDRESS	751 GRISWOLD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MUDGE, RANDAL J.	5.2 NAME	
STREET ADDRESS	751 GRISWOLD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mack H. Sutton

4/10/96

(313) 961-6666

Date

Daytime Phone #

CR2E034 (12/95)