

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

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95 MAY -1 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 849341 (3)**

1. Corporation Name  
**HIRAM WALKER INTERNATIONAL LIMITED (AN ENGLISH CORPORATION)**

Principal Place of Business  
**32255 NORTHWESTERN HWY SUITE #180 FARMINGTON HILLS MI 48334-1573**

Mailing Address  
**P.O. BOX 33006 DETROIT MI 48232-3006**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/04/1981**

3a. Date of Last Report  
**04/14/1994**

4. FEI Number  
**98-0048536**

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

2. Principal Place of Business  
21 **31275 Northwestern Hwy Ste 170**

2a. Mailing Address  
26 **same**

22 City & State  
23 **Farmington Hills, mi**

24 **48334**

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 his/her corporation (BATE) Registered Agent signature (typed when consenting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	\$	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMLINSON, J M</b>	1.2 NAME	<b>J. Michael Wooters</b>
STREET ADDRESS	<b>BRIDGEWATER RD., BEDMINSTER DOWN</b>	1.3 STREET ADDRESS	<b>Denny House, Knole Hill Farm</b>
CITY - ST - ZIP	<b>BRISTOL EN</b>	1.4 CITY - ST - ZIP	<b>Chew Magna Bristol Avon BS18 8TE</b>
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AITKEN, R.</b>	2.2 NAME	
STREET ADDRESS	<b>BRIDGEWATER RD., BEDMINSTER DOWN</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRISTOL EN</b>	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, J. D.</b>	3.2 NAME	
STREET ADDRESS	<b>BRIDGEWATER RD., BEDMINSTER DOWN</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRISTOL EN</b>	3.4 CITY - ST - ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, P.A.K.</b>	4.2 NAME	
STREET ADDRESS	<b>BRIDGEWATER RD., BEDMINSTER DOWN</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRISTOL EN</b>	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUYSSER, EDMOND</b>	5.2 NAME	<b>Patrick Timothy Burke</b>
STREET ADDRESS	<b>89 PARKSIDE</b>	5.3 STREET ADDRESS	<b>Flat 4, 20 Collingham Gardens</b>
CITY - ST - ZIP	<b>LONDON, ENG</b>	5.4 CITY - ST - ZIP	<b>London, England SW5 0HL</b>
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, GRAHAM H</b>	6.2 NAME	
STREET ADDRESS	<b>BRIDGEWATER RD., BEDMINSTER DOWN</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRISTOL EN</b>	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: R. Aitken 4-26-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR (Date) (Typed Name)

**ROBERT A AITKEN**