


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 855153</b> 1. Entity Name <b>MASCON SERVICES, INC.</b>	
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Principal Place of Business <b>21001 VAN BORN RD. TAYLOR, MI 48180-1340</b>	Mailing Address <b>C/O TAX DEPT., 21001 VAN BORN R.D TAYLOR, MI 48180-1340</b>
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>38-2398144</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEEKLEY, JOHN R 21001 VAN BORN RD. TAYLOR, MI 481801340</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT ROSOWSKI, ROBERT B 21001 VAN BORN RD TAYLOR, MI 48180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DORAN, DAVID A. 21001 VAN BORN RD. TAYLOR, MI 48180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS GARGARO, EUGENE A 21001 VAN BORN RD. TAYLOR, MI 48180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS WADHAMS, TIMOTHY 21001 VAN BORN ROAD TAYLOR, MI 481801340</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SILVERMAN, BARRY J 21001 VAN BORN ROAD TAYLOR, MI 481801340</b>

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U00000331046  
04/25/05-80183-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>David A. Doran, VP</b>	<b>4/21/05</b> <small>Date</small>	<b>313/274-7400</b> <small>Daytime Phone #</small>
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