


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000007263		
1. Entity Name UNITED FIXTURES COMPANY		

Principal Place of Business 601 NORTH EIGHTH STREET NILES, MI 49120	Mailing Address 601 NORTH EIGHTH STREET NILES, MI 49120
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
04 NOV -9 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10262004 REIN-P CR2E098 (6/04)

4. FEI Number 13-3856955	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Barbara A. Burke</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>11/30/04</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP ROBINSON, WAYNE W 15386 WENTWORTH COURT GRANGER, IN 46530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN ROBINSON, WAYNE W. 817 BLOSSOM HEATH KETTERING, OHIO 45419 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF STEWART, BONITA 601 NORTH EIGHTH STREET NILES, MI 49120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042607232 11/09/04--01072--014 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEECH, ROBERT F 4504 CHATAHOOCHEE WAY MARIETTA, GA 30067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORDHAM, DONALD P 10559 DE-LO-ME LANE PLYMOUTH, IN 46563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOUETT, DARYLE A. 4202 DARWOOD CIRCLE MISHAWAKA, IN 46545 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLSON, DAVID S. 50601 EAST WEEPING WILLOW RUN GRANGER, IN 46530 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAPIA, EDUARDO D. 52165 FRANKA COURT, APT B SOUTH BEND, IN 46632 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.	
SIGNATURE: <i>Bonnie Stewart</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>10/29/04</i> CFO