

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000007263

1. Entity Name  
UNITED FIXTURES COMPANY



FILED

05 JAN 24 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
601 NORTH EIGHTH STREET  
NILES, MI 49120

Mailing Address  
601 NORTH EIGHTH STREET  
NILES, MI 49120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262004 REIN-P CR2E098 (6/04)

4. FEI Number  
13-3856955

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C-T-CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CDP  
NAME ROBINSON, WAYNE W  
STREET ADDRESS 15386 WENTWORTH COURT  
CITY-ST-ZIP GRANGER, IN 46530 ☐ Delete

TITLE CHAIRMAN  
NAME ROBINSON, WAYNE W.  
STREET ADDRESS 817 BLOSSOM HEATH  
CITY-ST-ZIP KETTERING, OHIO 45419 ☒ Change ☐ Addition

TITLE VPF  
NAME STEWART, BONITA  
STREET ADDRESS 601 NORTH EIGHTH STREET  
CITY-ST-ZIP NILES, MI 49120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME LEECH, ROBERT F  
STREET ADDRESS 4504 CHATAHOOCHEE WAY  
CITY-ST-ZIP MARIETTA, GA 30067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME FORDHAM, DONALD P  
STREET ADDRESS 10559 DE-LO-ME LANE  
CITY-ST-ZIP PLYMOUTH, IN 46563 ☒ Delete

TITLE CEO  
NAME LOUETT, DARYLE A.  
STREET ADDRESS 4202 PARKWOOD CIRCLE  
CITY-ST-ZIP MISHAWAKA, IN 46545 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VP  
NAME OLSON, DAVID S.  
STREET ADDRESS 50601 EAST WEEPING WILLOW DR  
CITY-ST-ZIP GRANGER, IN 46530 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VP  
NAME TADIA, EDUARDO D.  
STREET ADDRESS 52165 FLORIAN COURT, APT B  
CITY-ST-ZIP SOUTH BEND, IN 46637 ☐ Change ☒ 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:

Bonnie Stewart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CFO

10/29/04  
Date

2291230311  
Daytime Phone #