Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

••Enter the email address for this business entity to be used for futurer; annual report mailings. Enter only one email address please. **

Email	Address:		 	

FOREIGN PROFIT/NONPROFIT CORPORATION CHAMPION MODULAR, INC.

Certificate of Status	0 .		
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Electronic Filing Menu Corporate Filing Menu

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To

APPLICA'		N FLORIDA	NOV BIB
N COMPLIANCE VEGISTER A FOR	WITH SECTION 607.1503, FLORIDA ST EIGN CORPORATION TO TRANSACT B	ATUTES, THE FOLLOWING IS SUBMITTED. USINESS IN THE STATE OF FLORIDA.	# Q -2
Champion Modu			- <u></u> 3
(Enter name of co	rporation; must include "INCORPORATED," rp," "Inc," "Co." or "Corp.")	"COMPANY," "CORPORATION,"	NOTALE THE
(If name unavailal	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Flo	mida)
. DE	3.		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
5-5-2015	of incorporation)	Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
Upon Filing			
j		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	·
755 West Big Bea	ever Road, Suite 1000, Troy, MI 48084		
·- 	(Princip	pul office address)	
755 West Big Bo	aver Road, Suite 1000, Troy, MI 48084		
	(Current mailin	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.o	O. Box <u>NOT</u> acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation, FL 33324	, Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Siene Struct Diane Stout, Asst. Secy.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11.	Names and business addresses of officers and/or directors:
Α.	DIRECTORS

Address: Director: Address: Director: Address: B. OFFICERS President: See attached list Address: Vice President: Address: Secretary: Address: NOTE: If necessary, you may attach are addengtum to the application listing additional officers and/or directors. In the officer or director signing this document (and who is listed in number 1) above) affirms that the facts stated here are true and that he or she is aware that false information submitted in a document to the Department of State constita a third degree felony as provided for in s.817.155, F.S.	Chairman: _	See attached list				
Vice President: Address: B. OFFICERS President: Address: Vice President: Address: Sec attroched list Address: Vice President: Address: Secretary: Address: Treasurer: Address: Treasurer: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated here are true and that he or she is aware that false information submitted in a document to the Department of State constitution at third degree fellony as provided for in s.817.155, F.S.	Address:					_
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Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 1) above) affirms that the facts stated here are true and that he or she is aware that false information submitted in a document to the Department of State constituted a third degree felony as provided for in s.817.155, F.S.	Secretary			757 (T)	- 2 -	77.75
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13. VP & Controller (Typed or printed name and capacity of person signing application)	. VI	& Controller	cation)	<u>-</u>		

Champion Modular, Inc.

List of Directors / Officers



NAME	TITLE	BUSINESS ADDRESS 77
	Director	755 West Big Beaver Road Suite 1000
Keith Anderson	CEO	Troy, MI 48084
	Director	755 West Big Beaver Road Suite 1000
Mark J. Yost	President	Troy, MI 48084
	<u>Director</u>	755 West Big Beaver Road Suite 1000
Laurie M. Hough	EVP, CFO & Treasurer	Troy, MI 48084
	Director	755 West Big Beaver Road Suite 1000
Roger K. Scholten	SVP, GC & Secretary	Troy, MI 48084
Timothy Burkhardt	VP & Controller	755 West Big Beaver Road Suite 1000 Troy, MI 48084
David Reed	VP	755 West Big Beaver Road Suite 1000 Troy, MI 48084
Phillip Copeland	VP	755 West Big Beaver Road Suite 1000 Troy, MI 48084
Kevin Goethals	Assistant Treasurer	755 West Big Beaver Road Suite 1000 Troy, MI 48084



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHAMPION MODULAR, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at corp.delaware.gov/auth

Authentication: 203822968

Date: 11-02-18