

2000 UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90044 003 ***150.00

DOCUMENT # F70522
1. Entity Name
THE OKAHUMPKA CORPORATION

Principal Place of Business 2701 UNIVERSITY DR SUITE 320 AUBURN HILLS MI 48326 US	Mailing Address 2701 UNIVERSITY DR SUITE 320 AUBURN HILLS MI 48326-2566 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2175753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	STEGMAYER, JOSEPH H
STREET ADDRESS	2701 UNIVERSITY DRIVE, SUITE 300
CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	D <input type="checkbox"/> Delete
NAME	SURLES, PHILIP C
STREET ADDRESS	2701 UNIVERSITY DRIVE, SUITE 300
CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	AT <input type="checkbox"/> Delete
NAME	PAUL, JIMMY
STREET ADDRESS	2701 UNIVERSITY DRIVE, SUITE 300
CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	CD <input type="checkbox"/> Delete
NAME	YOUNG, WALTER R JR
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320
CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	VSD <input type="checkbox"/> Delete
NAME	COLLINS, JOHN J JR
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320
CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jimmy Paul* **REQUIRED** **4/17/00** **248-340-7753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)