FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~088059157 42~~ P F9300000 2345

1. Corporation Name

RODNEY LOCKWOOD & CO.

Principal Place of Business

30100 TELEGRAPH ROAD
SUITE 426
BINGHAM FARMS, MI 48025
ATTN: SCOTT A. LARRY

Mailing Address

SAME

400001482604
-05/10/95--01062--004
DO ****200.00 SP ****200.00

3. Date Incorporated or Qualified: 5-19-93
3a. Date of Last Report: N/A INITIAL FILING

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 38-1563408 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature (type or print name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	RODNEY M. LOCKWOOD	1.2 NAME	
STREET ADDRESS	1836 OAK	1.3 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM, MI 48009	1.4 CITY ST ZIP	
TITLE	SECRETARY/TREASURER	2.1 TITLE	☐ Change ☐ Addition
NAME	CAROL S. LAY	2.2 NAME	
STREET ADDRESS	2118 RANDALL LANE	2.3 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS, MI 48304	2.4 CITY ST ZIP	
TITLE	VICE PRESIDENT	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT A. LARRY	3.2 NAME	
STREET ADDRESS	30100 TELEGRAPH , SUITE 426	3.3 STREET ADDRESS	
CITY ST ZIP	BINGHAM FARMS, MI 48025	3.4 CITY ST ZIP	
TITLE	DIRECTOR	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLEEN LARRY	4.2 NAME	
STREET ADDRESS	30100 TELEGRAPH, SUITE 426	4.3 STREET ADDRESS	
CITY ST ZIP	BINGHAM FARMS, MI 48025	4.4 CITY ST ZIP	
TITLE	DIRECTOR	5.1 TITLE	☐ Change ☐ Addition
NAME	PATRICE LOCKWOOD	5.2 NAME	
STREET ADDRESS	1836 OAK	5.3 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM, MI 48009	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Scott A. Larry April 27, 1995 (810) 540-8015
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Scott A. Larry - Executive Vice President