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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:59

DOCUMENT # F93000003366 (2)

1. Corporation Name

METPATH SERVICES CORPORATION

Principal Place of Business	Mailing Address
4444 GIDDINGS ROAD AUBURN HILLS MI 48326	4444 GIDDINGS ROAD AUBURN HILLS MI 48326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 38-3035519 ☐ 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
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	DCP ☒ Change ☐ Addition
NAME	ZINZI, LYDIA J	12 NAME	C. Ronald Dietrich
STREET ADDRESS	62 CADMUS AVE.	13 STREET ADDRESS	One Malcolm Avenue
CITY-ST-ZIP	ELMWOOD PARK NJ	14 CITY-ST-ZIP	Teterboro, NJ 07608
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROE, KENNETH M	22 NAME	
STREET ADDRESS	372 LEXINGTON CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	ROMEO MI 48065	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	LUTHER, KATHLEEN M	32 NAME	
STREET ADDRESS	720 W. COMMERCE	33 STREET ADDRESS	
CITY-ST-ZIP	COMMERCE TWP. MI 48382	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	FARRENKOPF, LEO C JR.	42 NAME	
STREET ADDRESS	ONE MALCOLM AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TETENBORO NJ	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	T ☒ Change ☐ Addition
NAME	BACHICH, MICHAEL J	52 NAME	Douglas M. VanOort
STREET ADDRESS	300 EAST 85TH ST., #3402	53 STREET ADDRESS	One Malcolm Avenue
CITY-ST-ZIP	NEW YORK NY 10028	54 CITY-ST-ZIP	Teterboro, NJ 07608
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: Kathleen M. Luther — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHLEEN M. LUTHER

2/16/95 Date (810) 373-9120 Daytime Phone #

0407811 FP