

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION 5-1-95  
ANNUAL REPORT  
1995  
Sandra B. Northum  
Secretary of State  
DIVISION OF CORPORATIONS



APPROVED  
AND  
FILED

DOCUMENT # F93000004145 (9)

1. Corporation Name  
OUTLET CORP.

5-1-95 8:43  
TAYLOR MI 48180  
TAYLOR MI 48180

Principal Place of Business: 21001 VAN BORN ROAD  
TAYLOR MI 48180  
US  
Mailing Address: 21001 VAN BORN ROAD  
TAYLOR MI 48180  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1993  
3a. Date of Last Report: 05/01/1994  
4. FEI Number: 38-3124871  
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. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature of Registered Agent

Signature of New Registered Agent

Date

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12.1 NAME                  | P BOYLAN, GERARD W       | 13.1 NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.2 STREET ADDRESS        | 21001 VAN BORN RD        | 13.2 STREET ADDRESS                                   |                                                                              |
| 12.3 CITY & STATE          | TAYLOR MI                | 13.3 CITY & STATE                                     |                                                                              |
| 12.4 NAME                  | VTD MOSTELLER, RICHARD G | 13.4 NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.5 STREET ADDRESS        | 21001 VAN BORN ROAD      | 13.5 STREET ADDRESS                                   |                                                                              |
| 12.6 CITY & STATE          | TAYLOR MI                | 13.6 CITY & STATE                                     |                                                                              |
| 12.7 NAME                  | VSD BRIGHT, GERALD       | 13.7 NAME                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.8 STREET ADDRESS        | 21001 VAN BORN ROAD      | 13.8 STREET ADDRESS                                   |                                                                              |
| 12.9 CITY & STATE          | TAYLOR MI 48180          | 13.9 CITY & STATE                                     |                                                                              |
| 12.10 NAME                 | V DORAN, DAVID A         | 13.10 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.11 STREET ADDRESS       | 21001 VAN BORN ROAD      | 13.11 STREET ADDRESS                                  |                                                                              |
| 12.12 CITY & STATE         | TAYLOR MI 48180          | 13.12 CITY & STATE                                    |                                                                              |
| 12.13 NAME                 | D LYON, WAYNE B          | 13.13 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.14 STREET ADDRESS       | 21001 VAN BORN ROAD      | 13.14 STREET ADDRESS                                  |                                                                              |
| 12.15 CITY & STATE         | TAYLOR MI 48180          | 13.15 CITY & STATE                                    |                                                                              |
| 12.16 NAME                 |                          | 13.16 NAME                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.17 STREET ADDRESS       |                          | 13.17 STREET ADDRESS                                  |                                                                              |
| 12.18 CITY & STATE         |                          | 13.18 CITY & STATE                                    |                                                                              |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071 and 119.072, Florida Statutes. I further certify 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 of this filing or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David a. Doran

4/24/95

313/274-7400