FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000005006 (2)**

1. Corporation Name

NEW WORLD SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
3270 WEST BIG BEAVER RD. STE. 300 TROY MI 48084	3270 WEST BIG BEAVER RD. STE. 300 TROY MI 48084

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 03/20/1995

4. FEI Number: 38-2382790 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 888 W. Big Beaver	26 888 W. Big Beaver
Suite, Apt #, etc. 22 Suite 1100	Suite, Apt. #, etc. 27 Suite 1100
City & State 23 Troy, Michigan	City & State 28 Troy, Michigan
Zip 24 48084 — Country 25	Zip 29 48084 — Country 30

9. **Name and Address of Current Registered Agent**

CT 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 ______

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	LEINWEBER, LARRY D	
STREET ADDRESS	3270 BIG BEAVER, STE. 300	
CITY-ST-ZIP	TROY MI	
TITLE	DV	☐ DELETE
NAME	MCCONNELL, COLIN	
STREET ADDRESS	3270 BIG BEAVER, STE. 300	
CITY-ST-ZIP	TROY MI	
TITLE	DS	☐ DELETE
NAME	BABIARZ, CLAUDIA V	
STREET ADDRESS	3270 BIG BEAVER, STE. 300	
CITY-ST-ZIP	TROY MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	888 W. BIG BEAVER, STE. 1100	
1.4 CITY-ST-ZIP	TROY, MI 48084	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	888 W. BIG BEAVER, STE. 1100	
2.4 CITY-ST-ZIP	TROY, MI 48084	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	888 W. BIG BEAVER, STE. 1100	
3.4 CITY-ST-ZIP	TROY, MI 48084	
4.1 TITLE	VP	☐ Change ☒ Addition
4.2 NAME	MATERNE, DAVID	
4.3 STREET ADDRESS	888 W. BIG BEAVER, SUITE 1100	
4.4 CITY-ST-ZIP	TROY, MI 48084	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Larry D. Leinweber — 4-30-96

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

CR2E034 (12/95)