

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000976

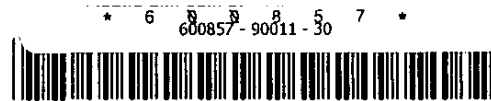
1. Corporation Name
SIX ASSOCIATES, INC.

Principal Place of Business
1095 HENDERSONVILLE RD.
ASHVILLE NC 28803-1801

Mailing Address
1095 HENDERSONVILLE RD.
ASHVILLE NC 28803-1801

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90011 030 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

56-0399359

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 owes the current year
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME PAGE, JAMES W.
STREET ADDRESS 888 W. BIG BEAVER ROAD SUITE 1000
CITY-ST-ZIP TROY MI

1.1 TITLE STD
1.2 NAME RAAB, NICHOLAS
1.3 STREET ADDRESS 888 W. BIG BEAVER ROAD SUITE 1000
1.4 CITY-ST-ZIP TROY, MI

TITLE STD
NAME BROCKMAN, DONALD C
STREET ADDRESS 888 W. BIG BEAVER ROAD SUITE 1000
CITY-ST-ZIP TROY MI

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME CAMPBELL, DOUGLAS R
STREET ADDRESS 888 W. BIG BEAVER ROAD SUITE 1000
CITY-ST-ZIP TROY MI

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME TARSKE, MICHAEL
STREET ADDRESS 888 W. BIG BEAVER ROAD STE 1000
CITY-ST-ZIP TROY MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, changed, or on an attachment with an address.

SIGNATURE:

James W. Page

7/27/99 248/244-8700

CR2E034 (5/99)