

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
95 AUG -3 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # F94000002349 (8)**

1. Corporation Name  
**WC-HR MANAGEMENT SERVICES, INC.**

Principal Place of Business      Mailing Address  
**1800 W. BIG BEAVER SUITE 220 TROY MI 48064**      **1800 W. BIG BEAVER SUITE 220 TROY MI 48064**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/06/1994**  
4. FEI Number      Applied For  
**38-3095932**      Not Applicable  
5. Certificate of Status Desired       \$8.75 Additional Fee Required  
6. Election Campaign Financing       \$5.00 May Be Added to Fees  
Trust Fund Contribution        
8. 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  
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      85 Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                  |
|----------------------------|----------------------------------|
| TITLE                      | <b>SD</b>                        |
| NAME                       | <b>MORALES, JORGE J</b>          |
| STREET ADDRESS             | <b>2137 LOST TREE WAY</b>        |
| CITY - ST - ZIP            | <b>BLOOMFIELD HILLS MI 48034</b> |
| TITLE                      | <b>P</b>                         |
| NAME                       | <b>LINDBERG, RICHARD J</b>       |
| STREET ADDRESS             | <b>2437 RANOCROFT BEAT</b>       |
| CITY - ST - ZIP            | <b>ROCHESTER MI 48306</b>        |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY - ST - ZIP            |                                  |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY - ST - ZIP            |                                  |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY - ST - ZIP            |                                  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME  |   |
| 1 3 STREET ADDRESS                                    |   |
| 1 4 CITY - ST - ZIP                                   |   |
| 2 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME  |   |
| 2 3 STREET ADDRESS                                    |   |
| 2 4 CITY - ST - ZIP                                   |   |
| 3 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME  |   |
| 3 3 STREET ADDRESS                                    |   |
| 3 4 CITY - ST - ZIP                                   |   |
| 4 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME  |   |
| 4 3 STREET ADDRESS                                    |   |
| 4 4 CITY - ST - ZIP                                   |   |
| 5 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME  |   |
| 5 3 STREET ADDRESS                                    |   |
| 5 4 CITY - ST - ZIP                                   |   |
| 6 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in the prior or current year 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 addition with no address.

SIGNATURE: \_\_\_\_\_ **Richard J. Lindberg** 7-26-95 870.649.0909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone) Year 00

CR2E034 (3/95)