## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 09 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9400002744 (0)

FIRST OF AMERICA BANK CORPORATION

Principal Place of Business Mailing Address 211 S. ROSE ST. 211 S. ROSE ST. KALAMAZOO MI 49007-4706 KALAMAZOO MI 49007 3. Date Incorporated or Qualified 3a. Date of Last Report 05/25/1994 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 38-1971791 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zio Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CIESLAK, LEE J FIRST OF AMERICA BANK-FLORIDA, F.S.B. Street Address (P.O. Box Number is Not Agceptable)

OI EAST KENNEDY BOULEVARD 2100 66TH ST. N. В3 ST. PETERSBURG FL 33710 Zin Code 84 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered street 607.0505, Florida Statutes. 11. Pursuant to the provisions of Se office or registered agent or of agent. ∔am familiar with <u>CIESLAK</u> SIGNATURE DATE 12. AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. Addition Change DELETE TITLE DP 11 THE D BARFIELD, JON-ERIC NAME 1.2 NAME R2E034 17199 N. LAUREL PARK DR., STE. 224 STREET ADDRESS 1.3 STREET ADDRESS 48152 LIVONIA MI 48142 1.4 CITY-ST-ZIP CITY - ST - ZIF Change DELETE Addition THIE 21 TITLE CPD CHORMANN, RICHARD F 22 NAME NAME 211 S. ROSE ST. 23 STREET ADDRESS STREET ADDRESS KALAMAZOO MI 49007 2. 4 CITY-ST-ZIP CITY - ST - ZIF DELETE **Change** Addition THEF 3.1 TITLE NAME FITZSIMMONS, JOSEPH J 3.2 NAME 101 H. MAIN # 1005 300 N. ZEEB ROAD 3.3 STREET ADDRESS STREET ADDRESS ANN ARBOR MI 48106 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 4 1 TITLE TITLE GOLDBERG, JOEL N 4 2 NAME NAME 3775 ORGHARD LAKE ROAD STREET ADDRESS 28 N. SAGINAW ST. #701 4.3 STREET ADDRESS C-TY-ST-7(P PONTIAC MI 48342 BLOOMFIELD 4.4 City-St-7P DELETE Addition TITLE 5.1 TITLE GREENWALT, CLIFFORD L 5.2 NAME NAMA 607 E. ADAMS ST. STREET ADDRESS 5.3 STREET ADDRESS SPRINGFIELD IL 62701 54 CITY-ST-ZIP CITY - S1 - ZIP Addition DELETE Change 61 THLE TITLE HETZLER, ROBERT L 62 NAME NAME 2600 S. EUCLID AVE. 6.3 STREET ADDRESS STREET ADDRESS BAY CITY MI 48708

6.4 CITY - ST - ZIP

information inclicated 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

HARD F. CHORMANN

14. I do 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: