

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 # F94000003520 (3)

1. Corporation Name

THE PFEISTER COMPANY



Principal Place of Business

47540 HALYARD DR.  
PLYMOUTH MI 48170

Mailing Address

47540 HALYARD DR.  
PLYMOUTH MI 48170

2. Principal Place of Business

2a. Mailing Address

21 47548 Halyard Dr.

26 47548 Halyard Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 8032

City & State

City & State

23 Plymouth, MI

28 Plymouth, MI

Zip

Country

Zip

Country

24 48170

25 USA

29 48170

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/05/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number

38-1524581

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent's signature is required when submitting a change of agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME GUNDLE, DONALD L  
STREET ADDRESS 47548 HALYARD DR.  
CITY-STATE-ZIP PLYMOUTH MI 48170

TITLE ☐ DELETE

VPC  
NAME PASSKIEWICZ, FRED A  
STREET ADDRESS 47548 HALYARD DR.  
CITY-STATE-ZIP PLYMOUTH MI 48170

TITLE ☐ DELETE

V  
NAME STEIN, CALVIN M  
STREET ADDRESS 47548 HALYARD DR.  
CITY-STATE-ZIP PLYMOUTH MI 48170

TITLE ☐ DELETE

V  
NAME WALLER, THOMAS J  
STREET ADDRESS 47548 HALYARD DR.  
CITY-STATE-ZIP PLYMOUTH MI 48170

TITLE ☐ DELETE

V  
NAME BISHOP, DOUGLAS  
STREET ADDRESS 47548 HALYARD DR.  
CITY-STATE-ZIP PLYMOUTH MI 48170

TITLE ☐ DELETE

V  
NAME LEMIEUR, LAWRENCE  
STREET ADDRESS 47548 HALYARD DR.  
CITY-STATE-ZIP PLYMOUTH MI 48170

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

*Fred L. Passkiewicz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

313-207-7900

CR2E034 (12/95)