

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 11 1998 8:00am
Secretary of State

DOCUMENT # **F94000004093 (0)**

1. Corporation Name

ERVIN LEASING COMPANY

Principal Place of Business

**3300 WASHTENAW, #230
ANN ARBOR MI 48104**

Mailing Address

**3300 WASHTENAW, #230
ANN ARBOR MI 48104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

38-2833066

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT 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

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

TITLE **P** ☐ DELETE
NAME **GAFFNEY, D B**
STREET ADDRESS **3300 WASHTENAW, SUITE 230**
CITY-ST-ZIP **ANN ARBOR MI**

TITLE **ST** ☐ DELETE
NAME **CONZELMANN, THOMAS J**
STREET ADDRESS **3300 WASHTENAW, #230**
CITY-ST-ZIP **ANN ARBOR MI**

TITLE **D** ☐ DELETE
NAME **PEARSON, JOHN E**
STREET ADDRESS **3893 RESEARCH PARK DR.**
CITY-ST-ZIP **ANN ARBOR MI 48108**

TITLE **D** ☐ DELETE
NAME **MERETTA, JAMES L**
STREET ADDRESS **3893 RESEARCH PARK DRIVE**
CITY-ST-ZIP **ANN ARBOR MI**

TITLE **D** ☐ DELETE
NAME **SERNS, RICHARD N**
STREET ADDRESS **3893 RESEARCH PK DR**
CITY-ST-ZIP **ANN ARBOR MI**

TITLE **D** ☐ DELETE
NAME **STEPHENSON, JAMES E**
STREET ADDRESS **3893 RESEARCH PRK DR**
CITY-ST-ZIP **ANN ARBOR MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE:

Thomas J. Conzelmann

Sec/TREAS.

4.26.98

734.677.9400

CR2E034 (10/97)