2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004547

1. Entity Name
DURO-LAST, INC.

Principal Place of Business	Mailing Address
525 MORLEY DRIVE SAGINAW, MI 48601	4468 OAK BRIDGE DRIVE FLINT, MI 48532 US

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2362839
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000100658
04/01/04-80015-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLLONGWORTH, THOMAS
STREET ADDRESS	525 MOLEY DRIVE
CITY-ST-ZIP	SAGINAW, MI 48601
TITLE	VSTD
NAME	SNY, SHARON L
STREET ADDRESS	525 MORLEY DRIVE
CITY-ST-ZIP	SAGINAW, MI 48601
TITLE	VD
NAME	ALLEN, KATHY L
STREET ADDRESS	525 MORLEY DRIVE
CITY-ST-ZIP	SAGINAW, MI 48601
TITLE	CEOD
NAME	BURT, JOHN C
STREET ADDRESS	525 MORLEY DRIVE
CITY-ST-ZIP	SAGINAW, MI 48601
TITLE	VD
NAME	LAWLER, THOMAS J
STREET ADDRESS	525 MORLEY DRIVE
CITY-ST-ZIP	SAGINAW, MI 48601
TITLE	D
NAME	STUHR, CAROL
STREET ADDRESS	525 MORLEY DRIVE
CITY-ST-ZIP	SAGINAW, MI 48601

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William A. Hollingsworth PRES 3-29-04 989-753-6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #