

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F94000004547 1. Entity Name DURO-LAST, INC.	
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Principal Place of Business 525 MORLEY DRIVE SAGINAW, MI 48601	Mailing Address 4468 OAK BRIDGE DRIVE FLINT, MI 48532 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

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

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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.

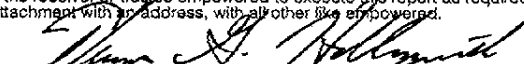
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	U000000100658 04/01/04-80015-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLONGWORTH, THOMAS 525 MOLEY DRIVE SAGINAW, MI 48601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SNY, SHARON L 525 MORLEY DRIVE SAGINAW, MI 48601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, KATHY L 525 MORLEY DRIVE SAGINAW, MI 48601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BURT, JOHN C 525 MORLEY DRIVE SAGINAW, MI 48601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWLER, THOMAS J 525 MORLEY DRIVE SAGINAW, MI 48601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUHR, CAROL 525 MORLEY DRIVE SAGINAW, MI 48601

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  PRES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-29-04 Date	989-753-6486 Daytime Phone #
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