

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005349 (5)
 1. Corporation Name
UNIVERSAL STANDARD T.P.A., INC.



Principal Place of Business 26500 NORTHWESTERN HIGHWAY 4TH FLOOR SOUTHFIELD MI 48076	Mailing Address 26500 NORTHWESTERN HIGHWAY 4TH FLOOR SOUTHFIELD MI 48076-3716
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 10/14/1994	3a. Date of Last Report 01/30/1996
4. FEI Number 38-2680483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEMS
 1280 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
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: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	WATKINS, JOHN T	
STREET ADDRESS	26500 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI 48076	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCLUNG, PERRY	
STREET ADDRESS	26500 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI 48076	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KER, ALAN	
STREET ADDRESS	26500 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI 48076	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RISKO, MICHAEL	
STREET ADDRESS	26500 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI 48076	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONAHUE, THOMAS R	
STREET ADDRESS	280 PARK AVENUE, 25TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eugene Jennings	
1.3 STREET ADDRESS	26500 Northwestern Hwy #400	
1.4 CITY-ST-ZIP	Southfield, MI 48076	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: _____

4/29/97

E034 (9/96)