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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400005645 (6)

GREAT DANE HOLDINGS INC.

Principal i	Place	of	Business
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Mailing Address

2016 NORTH PITCHER STREET KALAMAZOO MI 49007 2016 NORTH PITCHER STREET KALAMAZOO MI 49007-1869

FILED Apr 28 1997 8:00am Secretary of State



						'	10/31/1994 12/09/1996						
	Principal P	cipal Place of Business 2a, Mailing Address							4. FEI Number			plied For	
21					26				54-0698116			t Applicable	
22	Suite, Apt.	#, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75 A	Additional equired	
	City & State	ate City & State					6. Election Campaign Financing \$5.00					May Be	
23							Trust Fund Contribution				Added to Fees		
I	Zip	ļ.	Country	7 ip	-	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24			25						Florida Statutes				
<u> </u>			and Address of Curr	ent Registered A	gent		N-ma	10. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM						81	81 Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					82	82 Street Address (P.O. Box Number is Not Acceptable)							
						83	·						
						84	City				85 Zip	Code	
		 					<u> </u>			FL	. `		
11	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.												
ŀ	agent I a	ım familiar wit	th, and accept the obl	igations of Section	n 607.0505, Flo	rida Statuto	is.	polations	s board of directors. Thereby accep	πιο αρρ	Olivinioni da	registored	
SIG	GNATURE												
		Signature, typed	or printed name of registered a		le (NOTE	Registered Ag	ont signature	e required w		DATE			
12		00	OFFICERS A	ND DIRECTORS	Se pour	13.		1	ADDITIONS/CHANGES TO OFFICE	CERS AND			
711		PD	NAVED D		DELETE	1.1 TITLE		P,D	4483 1 751		Change	X Addition 3	
NAJ		MARKIN, C		ميدمن		1,2 NAME		l	MALLIN			\3	
ST				1.3 STREE	1 ADDRESS		NORTH PITCHER STREET			إإ			
_	Y-ST-ZIP		OO MI 49007			1.4 CITY-	ST-ZIP		4AZOO, MI 49007		T-1 -		
TIT	·	EV	1414 41		DELETE	2.1 TITLE		VP.D			Change	Addition C	
NA	MÊ	HARRIS, JAY H			2.2 NAME	i	ROLAND HENNESSEY						
ST	REET ADDRESS				23 STREE	1 ADDRESS	2016 NORTH PITCHER STREET						
	Y-ST-ZIP		OO MI 49007			2 4 CITY-	ST-ZIP	KALAI	MAZOO, MI 49007				
TIT		SVC			DELETE	3.1 TITLE		VP			Change	X Addition	
NA	ME		N, MARTIN L			3.2 NAME			RT A. JAMIESON				
118					3.3 STREE	T ADDRESS							
	Y-ST-ZIP	KALAMAZ	OO MI 49007			3.4. CITY-	S1-7IP	KALAI	MAZOO, MI 49007				
.TIT		T			DELETE	4.1 TITLE		VP			Change	Addition	
NAI	ME	SMITH, M				4. 2 NAME		JOEL	KLEIN				
STF	REET ADDRESS		ITH PITCHER STRE	ET		4.3 STREE	i address	2016	NORTH PITCHER STREET				
CIT	Y-ST-ZIP	KALAMAZ	OO MI 49007	·		4.4 CITY-	\$1 - 7/P	KALA	MAZOO, MI 49007				
TIT	LE	C			X DELETE	5.1 TATLE		VP.T.		-	Change	Addition	
NA	ME	TESSLER,				5.2 NAME		1	r C. DUNN				
STA	REET ADDRESS		ith pitcher stre	EŦ		5.3 STREE	1 ADDRESS		NORTH PITCHER STREET)	
CIT	Y-ST-ZIP	KALAMAZ	OO MI 49007			5.4 Off Y-	ST-ZIP		4AZOO, MI 49007				
717	LE	VC			X DELETE	6.1 TITLE		S			Change	Addition	
NAI	ME	THOMAS.	WILMER J JR			62 NAME			MASUD				
STR	REET ADDRESS		ITH PITCHER STRE	ET		6'3 STREE	T ADDRESS	2016	NORTH PITCHER STREET				
	Y-ST-ZIP		OO MI 49007			64 DITY-		1	MAZOO, MI 49007			j	
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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.

SIGNATUAN DOLCKILL

Joel Klew

4/18/5-

203-415-270