

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90286 002 \*1,500.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000006461**

1. Corporation Name  
**OTTAWA PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**8000 YANKEE RD.  
 OTTAWA LAKE MI 49267**

Mailing Address  
**8000 YANKEE RD.  
 OTTAWA LAKE MI 49267**

3. Date Incorporated or Qualified  
**12/19/1994**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

4. FEI Number  
**38-3057047**

Applied For  
 Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 25 29 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **D**  
 NAME **SHULTZ, EDWARD J**  
 STREET ADDRESS **4500 DORR ST**  
 CITY-ST-ZIP **TOLEDO OH 43615**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **P**  
 NAME **GREENWALD, DENNIS**  
 STREET ADDRESS **4500 DORR ST**  
 CITY-ST-ZIP **TOLEDO OH 43615**

2.1 TITLE  Change  Addition  
 2.2 NAME **A. Calvin Axtell, Jr.**  
 2.3 STREET ADDRESS **515 Congress Ave. Suite 2525**  
 2.4 CITY-ST-ZIP **Austin, TX 78701**

TITLE **T**  
 NAME **PATON, A. GLENN**  
 STREET ADDRESS **4500 DORR ST**  
 CITY-ST-ZIP **TOLEDO OH 43615**

3.1 TITLE  Change  Addition  
 3.2 NAME **AT**  
 3.3 STREET ADDRESS **Christopher J. Czarka**  
 3.4 CITY-ST-ZIP

TITLE **S**  
 NAME **GOLDEN, GARY**  
 STREET ADDRESS **4500 DORR ST**  
 CITY-ST-ZIP **TOLEDO OH**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **T**  
 NAME **TIMMERMAN, ALLAN**  
 STREET ADDRESS **1801 RICHARDS RD.**  
 CITY-ST-ZIP **TOLEDO OH**

5.1 TITLE  Change  Addition  
 5.2 NAME **AT**  
 5.3 STREET ADDRESS **Amy L. Hansen**  
 5.4 CITY-ST-ZIP

TITLE **V**  
 NAME **ZMUDA, PHILLIP R**  
 STREET ADDRESS **7520 E. INDEPENDENCE BLVD, SUITE 240**  
 CITY-ST-ZIP **CHARLOTTE NC 28227**

6.1 TITLE  Change  Addition  
 6.2 NAME **VP**  
 6.3 STREET ADDRESS **Rodney R. Filcek**  
 6.4 CITY-ST-ZIP **1801 Richards Road  
 Toledo, OH 43607**

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, with all other like empowered.

SIGNATURE: *Chiff* **Christopher J. Czarka** **4/21/99**  
 Assistant Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1998)