SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:34

DOCUMENT # F94000006498 (9)

1. Corporation Name

FIRST OF AMERICA COMMUNITY DEVELOPMENT CORPORATI ON

Principal Place of Business	Mailing Address
400 RENAISSANCE CENTER 26TH FLOOR DETROIT MI 48243	400 RENAISSANCE CENTER 26TH FLOOR DETROIT MI 48243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report:
4. FEI Number: 38-2994944 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

CIESLAK, LEE
2100 66TH STREET NORTH
FIRST OF AMERICA-FLORIDA FSB
ST PETERSBURG FL 33710-6133

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☒ Addition
NAME	BUSS, RICHARD M	1.2 NAME	
STREET ADDRESS	400 RENAISSANCE CENTER, 26TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	48243
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition
NAME	WITLER, WILLIAM	2.2 NAME	
STREET ADDRESS	211 SOUTH ROSE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI	2.4 CITY-ST-ZIP	49007
TITLE	SD	3.1 TITLE	☒ Change ☒ Addition
NAME	LEMANSKI, TIMOTHY J	3.2 NAME	
STREET ADDRESS	350 COLUMBIA PLAZA	3.3 STREET ADDRESS	225 North Rose Street
CITY-ST-ZIP	KALAMAZOO MI	3.4 CITY-ST-ZIP	49007
TITLE	TD	4.1 TITLE	☐ Change ☒ Addition
NAME	THOMPSON, KEVIN T	4.2 NAME	
STREET ADDRESS	225 NORTH ROSE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI	4.4 CITY-ST-ZIP	49007
TITLE	VD	5.1 TITLE	☐ Change ☒ Addition
NAME	BACHE, WILLIAM	5.2 NAME	
STREET ADDRESS	5300 CRAWFORDSVILLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	46224
TITLE	V	6.1 TITLE	☐ Change ☒ Addition
NAME	BARCY, DOUGLAS	6.2 NAME	
STREET ADDRESS	101 SOUTH WASHINGTON SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANSING MI	6.4 CITY-ST-ZIP	48933

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Timothy J. Lemanski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/95 DATE 616 376 7281 DAYTIME PHONE

CR2E034 (3/95)