

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000000173 (3)**

1. Corporation Name

STANDARD LIFE HOLDING COMPANY



Principal Place of Business

**1521 FIRST NATIONAL BUILDING
DETROIT MI 48226**

Mailing Address

**1521 FIRST NATIONAL BUILDING
DETROIT MI 48226**

3. Date Incorporated or Qualified
01/11/1995

3a. Date of Last Report

2. Principal Place of Business

21 100 RENAISSANCE CENTER

2a. Mailing Address

26 100 RENAISSANCE CENTER

Suite, Apt. #, etc.
22 SUITE 1855

Suite, Apt. #, etc.
27 SUITE 1855

City & State
23 DETROIT MI

City & State
28 DETROIT MI

Zip
24 48243

Country

Zip
29 48243

Country

4. FEI Number

38-2937482

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

9. Name and Address of Current Registered Agent

**BANKS, ROBERT
601 CLEVELAND STREET, STE 930
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE

NAME **NOELKE, RICHARD**
STREET ADDRESS **1521 FIRST NATIONAL BUILDING**
CITY-ST-ZIP **DETROIT MI**

TITLE **VSD** ☐ DELETE

NAME **HUTTING, AUGUSTUS**
STREET ADDRESS **1521 FIRST NATIONAL BUILDING**
CITY-ST-ZIP **DETROIT MI**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **NOELKE, RICHARD**
1.3 STREET ADDRESS **400 MONROE STREET, SUITE 510**
1.4 CITY-ST-ZIP **DETROIT MI 48226**

2.1 TITLE **STD** ☒ Change ☐ Addition

2.2 NAME **HUTTING, AUGUSTUS**
2.3 STREET ADDRESS **400 MONROE STREET, SUITE 510**
2.4 CITY-ST-ZIP **DETROIT MI 48226**

3.1 TITLE **V** ☐ Change ☒ Addition

3.2 NAME **VANDEGRIFT, TOM**
3.3 STREET ADDRESS **601 CLEVELAND STREET, SUITE 930**
3.4 CITY-ST-ZIP **CLEARWATER FL 34615**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **YEE, RONALD**
4.3 STREET ADDRESS **400 MONROE STREET, SUITE 510**
4.4 CITY-ST-ZIP **DETROIT MI 48226**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

T. P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM VANDEGRIFT

04/29/96
Date

(813) 461-4801
Daytime Phone #

CR2E034 (12/95)