

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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  
**100 RENAISSANCE CENTER  
STE 1855  
DETROIT MI 48243  
US**

Mailing Address  
**100 RENAISSANCE CENTER  
STE 1855  
DETROIT MI 48243-1009  
US**

3. Date Incorporated or Qualified  
**01/11/1995**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**38-2937482**

Applied For  
 Not Applicable

Suite, Apt. # etc.  
**22**

Suite, Apt. #, etc.  
**27**

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

City & State  
**23**

City & State  
**28**

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

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81 Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**33 NORTH GARDEN AVENUE**  
**83** Suite 1200  
**84** City **CLEARWATER** **FL** **85** Zip Code **34615**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOELKE, RICHARD	
STREET ADDRESS	400 MONROE ST STE 510	
CITY-ST-ZIP	DETROIT MI	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	HUTTING, AUGUSTUS	
STREET ADDRESS	400 MONROE ST STE 510	
CITY-ST-ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VANDERGRIFT, TOM	
STREET ADDRESS	601 CLEVELAND ST STE 930	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YEE, RONALD	
STREET ADDRESS	400 MONROE ST STE 510	
CITY-ST-ZIP	DETROIT MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VANDERGRIFT, TOM
3.3 STREET ADDRESS	33 NORTH GARDEN ST. SUITE 1200
3.4 CITY-ST-ZIP	CLEARWATER, FL 34615
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: *THOMAS VANDERGRIFT* **THOMAS VANDERGRIFT** **4-22-97** **813-461-4807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)