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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 48243-1000
US

2. Principal Place of Business

21 Suite Apt # etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

05/01/1996

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 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

TITLE PD ☐ DELETE

NAME NOELKE, RICHARD
STREET ADDRESS 400 MONROE ST STE 510
CITY-ST-ZIP DETROIT MI

TITLE STVD ☐ DELETE

NAME HUTTING, AUGUSTUS
STREET ADDRESS 400 MONROE ST STE 510
CITY-ST-ZIP DETROIT MI

TITLE V ☐ DELETE

NAME VANDERGRIFT, TOM
STREET ADDRESS 601 CLEVELAND ST STE 930
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME YEE, RONALD
STREET ADDRESS 400 MONROE ST STE 510
CITY-ST-ZIP DETROIT MI

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-97 813-461-4807

CR2E034 (9/96)