

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001343 (1)

1. Corporation Name

HOLLAND SYSTEMS CORPORATION



Principal Place of Business

Mailing Address

120 N. WASHINGTON SQUARE  
SUITE 1000  
LANSING MI 48933

120 N. WASHINGTON SQUARE  
SUITE 1000  
LANSING MI 48933

3. Date Incorporated or Qualified  
03/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number  
38-2346856

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

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

Signature (typed or printed name of registered agent and the change agent)

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

|                 |                                    |                                 |
|-----------------|------------------------------------|---------------------------------|
| TITLE           | PCD                                | <input type="checkbox"/> DELETE |
| NAME            | HOLLAND, ROBERT H                  |                                 |
| STREET ADDRESS  | 120 N. WASHINGTON SQUARE, STE 1000 |                                 |
| CITY - ST - ZIP | LANSING MI                         |                                 |
| TITLE           | V                                  | <input type="checkbox"/> DELETE |
| NAME            | BERRY, J R                         |                                 |
| STREET ADDRESS  | 120 N. WASHINGTON SQUARE, STE 1000 |                                 |
| CITY - ST - ZIP | LANSING MI                         |                                 |
| TITLE           |                                    | <input type="checkbox"/> DELETE |
| NAME            |                                    |                                 |
| STREET ADDRESS  |                                    |                                 |
| CITY - ST - ZIP |                                    |                                 |
| TITLE           |                                    | <input type="checkbox"/> DELETE |
| NAME            |                                    |                                 |
| STREET ADDRESS  |                                    |                                 |
| CITY - ST - ZIP |                                    |                                 |
| TITLE           |                                    | <input type="checkbox"/> DELETE |
| NAME            |                                    |                                 |
| STREET ADDRESS  |                                    |                                 |
| CITY - ST - ZIP |                                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                     |  |
|--------------------|-------------------------------------|--|
| 11 TITLE           | D/S                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME            | Kay K. Pfaff                        |  |
| 13 STREET ADDRESS  | 120 N. Washington Square, Ste. 1000 |  |
| 14 CITY - ST - ZIP | Lansing, MI 48933                   |  |
| 21 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                                     |  |
| 23 STREET ADDRESS  |                                     |  |
| 24 CITY - ST - ZIP |                                     |  |
| 31 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                     |  |
| 33 STREET ADDRESS  |                                     |  |
| 34 CITY - ST - ZIP |                                     |  |
| 41 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                     |  |
| 43 STREET ADDRESS  |                                     |  |
| 44 CITY - ST - ZIP |                                     |  |
| 51 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                     |  |
| 53 STREET ADDRESS  |                                     |  |
| 54 CITY - ST - ZIP |                                     |  |
| 61 TITLE           |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                     |  |
| 63 STREET ADDRESS  |                                     |  |
| 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext. 313

CR2E034 (3/96)

F95000001343

2-2

6/26/96 CORPORATE DETAIL RECORD SCREEN  
NUM: F95000001343 ST:MI ACTIVE/FOREIGN PROF FLD: 03/21/1995  
FEI#: 38-2346856  
NAME : HOLLAND SYSTEMS CORPORATION  
PRINCIPAL: 120 N. WASHINGTON SQUARE  
ADDRESS SUITE 1000  
LANSING, MI 48933  
RA NAME : C T CORPORATION SYSTEM  
RA ADDR : 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US  
ANN REP : \* NONE FILED \*

5:54 PM

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:  
6/26/96 OFFICER/DIRECTOR DETAIL SCREEN  
CORP NUMBER: F95000001343 CORP NAME: HOLLAND SYSTEMS CORPORATION  
TITLE: PCD NAME: HOLLAND, ROBERT H  
120 N. WASHINGTON SQUARE, STE 1000  
LANSING, MI  
TITLE: V NAME: BERRY, J R  
120 N. WASHINGTON SQUARE, STE 1000  
LANSING, MI

5:54 PM

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP  
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR: