2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001385

1. Entity Name
WILSON, KEMP & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243	400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243

DO NOT WRITE IN THIS SPACE

01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
38-1878151

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, THOMAS A
CORPORATE OFFICES AT THE TOWERS
11300 U.S. HIGHWAY ONE-SUITE 400
NORTH PALM BEACH, FL 33408

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CT
NAME	WILSON, THOMAS A
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155
CITY-ST-ZIP	DETROIT, MI 48243
TITLE	PS
NAME	KEMP, ROBERT D JR.
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155
CITY-ST-ZIP	DETROIT, MI 48243
TITLE	D
NAME	COUZENS, FRANK
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155
CITY-ST-ZIP	DETROIT, MI 48243
TITLE	D
NAME	ESHELMAN, GEORGE C
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155
CITY-ST-ZIP	DETROIT, MI 48243
TITLE	D
NAME	GREGORY, E. MARK III
STREET ADDRESS	400 RENAISSANCE CNETER, SUITE 2155
CITY-ST-ZIP	DETROIT, MI 48243
TITLE	D
NAME	STEPHENS, DAVID B
STREET ADDRESS	400 RENAISSANCE CTR #2155
CITY-ST-ZIP	DETROIT, MI 48243

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02/04/04-80016-010 158.75

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Robert D. Kemp, Jr. President 1-21-04 (313) 259-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #