2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 8:00 am Secretary of State

Daytime Phone #

	71111471				_		···· y ·		acc
DOCUMENT # F9500001385 1. Entity Name WILSON, KEMP & ASSOCIATES, INC.						02-17-200	5 90028 0	04 ***15	8.75
Principal Place of Business 400 RENAISSANCE CENTER, SUITE 2155 DETROIT, MI 48243		Mailing Address 400 RENAISSANCE CENTER, SUITE 215 DETROIT, MI 48243		JITE 2155	L		- (11 111) 121 (11	175 41151 15154 211	PROŽ M JERI
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State						plied For t Applicable	
Zip	Country Zip		Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered /	Agent	
WILSON, THOMAS A				Name					
CORPORATE OFFICES AT THE TOWERS 11300 U.S. HIGHWAY ONE-SUITE 400 NORTH PALM BEACH, FL 33408				Street Address (P.O. Box Number is Not Acceptable) Loggerhead Associates, LTD					
				14255 U.S. Highway One, Ste. 208					
Juno Be							FL	334	08
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 lamiliar with, and accept the obligations of registered agent.									and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribu					5.00 May Be ded to Fees				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	СТ	☐ Delete	TITLE					Change	☐ Addition
NAME	WILSON, THOMAS A	UTE 2466	NAM	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP					
TITLE	PS Delete			<u> </u>				Change	Addition
NAME	KEMP, ROBERT D JR.			E					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE	D	☐ Delete	, TITLI				•	☐ Change	Addition
NAME	COUZENS, FRANK			E					•
STREET ADDRESS CITY-ST-ZIP	i ·			-ST-ZIP					
TITLE	D	⊠ Delete	TITLI	E				☐ Change	Addition
NAME	ESHELMAN, GEORGE C			E					
STREET ADDRESS CITY-ST-ZIP	S 400 RENAISSANCE CNETER, SUITE 2155 DETROIT, MI 48243			E1 ADDRESS -ST-ZIP					
TITLE	D	☐ Delete	1ITU	<u> </u>				☐ Change	Addition
NAME	GREGORY, E. MARK III		NAM						
STREET ADDRESS CITY-ST-ZIP	400 RENAISSANCE CNETER, SI DETROIT, MI 48243	JITE 2155		ET ADDRESS -ST-ZIP					
TITLE	D	⊠ Deleta	TITL					☐ Change	Addition
NAME	STEPHENS, DAVID B		NAM	E ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	400 RENAISSANCE CTR #2155 DETROIT, MI 48243			-SI-ZIP					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: