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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F95000002063 (4)

1. Corporation Name
CTA ACOUSTICS, INC.

Principal Place of Business	Mailing Address
295 KIRTS BLVD., SUITE 126 TROY MI 48084	295 KIRTS BLVD., SUITE 126 TROY MI 48084-5216

3. Date Incorporated or Qualified: 04/28/1995
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 560 KIRTS BLVD.	26 560 KIRTS BLVD.
Suite, Apt. #, etc. 22 SUITE 120	Suite, Apt. #, etc. 27 SUITE 120
City & State 23 TROY MI.	City & State 28 TROY MI.
Zip / Country 24 48084 / 25 OAKLAND	Zip / Country 29 48084 / 30 OAKLAND

4. FEI Number: 61-1215332 ☐ 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

DESMET, DANIEL
919 HURON CT #303
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CSV	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DESMET, DANIEL J		1.2 NAME	LEWIS B. HOPPER	
STREET ADDRESS	2268 HAVERFORD		1.3 STREET ADDRESS	220 COLLEGE ST	
CITY-ST-ZIP	TROY MI 48098		1.4 CITY-ST-ZIP	BARBOURVILLE KY. 40906	
TITLE	CP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPURLOCK, DENNIS		2.2 NAME		
STREET ADDRESS	204 SHEFFIELD PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON KY 40741		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOMULEWICZ, MICHAEL		3.2 NAME		
STREET ADDRESS	2775 AYRSHIRE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48302		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAND, JAMES R		4.2 NAME		
STREET ADDRESS	5384 BEACH ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI 48098		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, JAMES		5.2 NAME		
STREET ADDRESS	2942 FOUR PINES DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: MICHAEL V. DOMULEWICZ 4/2/97 248-258-9550