FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS F95000002475 (0) DOCUMENT #
1. Corporation Name

CTEEL CACE	CINIANIOIAL	SERVICES INC.
SIECTOASE	FINANCIAL	SERVICES INC.

STEE	LCASE FINANCIAL SERVICE	ES INC.					
Principal Place	of Eusiness	Mailing Address			I CENTION INIO FRIOI DIAM DOMA DENI	######################################	1 8 18 18 18 18 18 18 18
1111 44TH ST. SE GRAND RAPIDS MI 49508							
					3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last f	Report
	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26	· · · · · · · · · · · · · · · · · · ·		38-2560176	}	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
City & State	e	City & State			6 Floating Compaign Financing	Fee	Required
23	•	28			 Election Campaign Financing Trust Fund Contribution 		00 May Be
Ζιρ	Country	Zip	Count	ry	This corporation has liability for in		ed to Fees
24	25	29	30		Florida Statutes	⋈ No	, (50.05c,
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
0.7.00	ADDADISIALI ALIASELI		8	1 Name			
	PRPORATION SYSTEM		6	2 Street A	ddress (P.O. Box Number is Not Acceptable)	
	OUTH PINE ISLAND ROAD		<u> </u>			·	
FEMILIA	ATION FL 33324		8:	3			
			8	4 City		■. 85 Z	ip Code
11. Pursuant t	to the provisions of Sections 607,0502	2 and 607 1508. Florida Stat	utes the above	-named core	poration submits this statement for the purp		
or registere familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	da. Such change was author	rized by the cor	poration's b	poration submits this statement for the purplicand of directors. I hereby accept the appoin	ose of changing its ntment as registered	registered office d agent. I am
SIGNATURE _	in, and according the conganion of occur	וטומים שטויטים, הטכט, יטס חטו.	es.				-
	Signature, typod or printed name of registered agent	and title if applicable (NOTE: Registered Ag	ont signature req	kerud when reinstating!	DATE	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE		☐ DELETE	1. 1 TITLE		ሽ ፡-	☐ Change	Addition
NAME	FIOUGIER-CHAPMAN, ALWYN		1.2 NAME		Witting , Paul 3435 Ross Land		
STREET ADDRESS	901 44TH ST. SE, MC CH-50	C	1.3 STREE	FT ADDRESS	3435 Koss Laar		
CITY - ST - ZIP TITLE	GRAND RAPIDS MI 49508	FIDUET	14 CITY-		East Joidan, MA 497.		
name	FRY, DAVID	DELFTE	2 1 TITLE		off	☐ Change	Addition
	901 44TH ST. SE, MC TC-2E	<u>.</u>	2 2 NAME		John Killia		
STREET ADDRESS	GRAND RAPIDS MI 49508	:-U2			1111 4444 84 86		
CITY-ST-ZIP TITLE	D D	₩ DELETE	2.4 CITY -		Grand Reports, M3 495		
NAME	CHOQUETTE, ROGER	M perrie	3. 1 TITLE 3.2 NAME		Thomas Sallivan	Change	Addition
STREET ADDRESS	901 44TH ST. SE, MC CD-3N	N.14			VIII 4416 St. SE		
CITY - ST - ZIP	GRAND RAPIDS MI 49508	V 14	3.4 City-	ET ADDRESS	Great Repids, 47 4950	7 8	
TITLE	D	☐ DELETE	4. 1 TITLE		GIRAR NAPITATION	Change	Mddition
NAME:	HICKEY, NANCY	•	4.2 NAME				Muulon
STREET ADDRESS	901 44TH ST. SE, MC CD-3N	V-14		T ADDRESS			
CITY-ST-ZIP	TRAND RAPIDS MI 49508		44 CITY -				
TITLE	D	☐ DELETE	5 1 TITLE			[] Change	Addition
VAME .	BEARD, JAMES		52 NAME				
STREET ADDRESS	3322 W END AVE, STE 610		5 3 STREE	T ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37203-0982		5 4 CITY-	ST-ZIP			
INTLE	D SAMOTE SAME SA	☐ DELETE	6 1 TITLE	}		☐ Change	Addition
VAME	ELLIOTT, CHARLES		6.2 NAME				
	LELLOND COMPANY AND IN	WILDON AS	4				
TREET ADDRESS	KELLOGG COMPANY, ONE K BATTLE CREEK MI 49016	Kellogg sq.		1 ADDRESS			

not include 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6-246 450/ Daytime Prone +