FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -8 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003240

1. Corporation Name
THE GALE GROUP, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/26/99 (QUALIFIED AS MERGER)

2. Principal Place of Business	2a. Mailing Address
21 27500 DRAKE RD	26 27500 DRAKE RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FARMINGTON HILLS, MI	City & State 28 FARMINGTON HILLS, MI
Zip 24 48334 Country 25 USA	Zip 29 48334 Country 30 USA

4. FEI Number: 59-3015492 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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: Deborah D. Skipper — Deborah D. Skipper as its agent — 11-8-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN PASCHAL		1.2 NAME	500003045345--2
STREET ADDRESS	27500 DRAKE RD		1.3 STREET ADDRESS	-11/16/99--01077--001
CITY-ST-ZIP	FARMINGTON HILLS, MI 48331		1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	CFO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM SCHUETZ		2.2 NAME	
STREET ADDRESS	27500 DRAKE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS, MI 48331		2.4 CITY-ST-ZIP	
TITLE	SEC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL S. HARRIS		3.2 NAME	
STREET ADDRESS	ONE STATION PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD, CT 06902		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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 (11/98)

14. 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 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, with all other like empowered.

KB

SIGNATURE: 9/28/99 248-489-4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # x1224