SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000005914 (5)**

1. Corporation Name
HUDSON TOOL & DIE COMPANY, INC.

Principal Place of Business	Mailing Address
700 ROBBINS ROAD GRAND HAVEN MI 49417	700 ROBBINS ROAD GRAND HAVEN MI 49417

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/05/1995
3a. Date of Last Report: Initial Filing
4. FEI Number: 22-1457260 ☐ 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
CLARE, PAUL D
1327 N. US HIGHWAY ONE
ORMOND BEACH FL 32175

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

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	JOHNSON, F. MARTIN	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI 49417	
TITLE	C	☐ DELETE
NAME	TAYLOR, PHILIP E	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI 49417	
TITLE	DT	☐ DELETE
NAME	OZARK, EDWARD L	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI 49417	
TITLE	DS	☐ DELETE
NAME	JOHNSON, DONALD A	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI 49417	
TITLE	PD	☐ DELETE
NAME	CLARE, PAUL D	
STREET ADDRESS	1327 N US HWY ONE	
CITY-ST-ZIP	ORMOND BEACH FL 32175-2613	
TITLE	VD	☐ DELETE
NAME	METZGER, MICHAEL D	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI 49417	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael D. Metzger 06/21/96 (616) 842-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #