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03-10-1999 90189 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **F95000005914**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/05/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 22-1457260	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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
CLARE, PAUL D 1327 N. US HIGHWAY ONE ORMOND BEACH FL 32175	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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, F. MARTIN		1.2 NAME		
STREET ADDRESS	700 ROBBINS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND HAVEN MI 49417		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, PHILIP E		2.2 NAME		
STREET ADDRESS	700 ROBBINS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND HAVEN MI 49417		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OZARK, EDWARD L		3.2 NAME		
STREET ADDRESS	700 ROBBINS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND HAVEN MI 49417		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHERWOOD, LYNNE		4.2 NAME		
STREET ADDRESS	700 ROBBINS ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND HAVEN MI 49417		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLARE, PAUL D		5.2 NAME		
STREET ADDRESS	1327 N US HWY ONE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32175-2613		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	METZGER, MICHAEL D		6.2 NAME		
STREET ADDRESS	700 ROBBINS ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND HAVEN MI 49417		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.

SIGNATURE: Michael D. Metzger 2/1/99 (616) 842-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #