

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90047 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000168

1. Corporation Name
MCKINLEY COMMERCIAL, INC.

Principal Place of Business 320 N MAIN ST ANN ARBOR MI 48104	Mailing Address 320 N MAIN ST ANN ARBOR MI 48104
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/10/1996	4. FEI Number 38-2990509	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent KALEITA, GARY M LOWNDES DROSDICK DOSTER KANTOR & REED, P.A 215 N EOLA DR ORLANDO FL 32802-2809	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
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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		Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	CEOD	<input type="checkbox"/> DELETE			
NAME	WEISER, RONALD				
STREET ADDRESS	320 N MAIN ST				
CITY-ST-ZIP	ANN ARBOR MI				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	GARTIN, JAMES P				
STREET ADDRESS	320 N MAIN ST				
CITY-ST-ZIP	ANN ARBOR MI 48104				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	PFEIFFER, PETER H				
STREET ADDRESS	320 N MAIN ST				
CITY-ST-ZIP	ANN ARBOR MI 48104				
TITLE	AVP	<input checked="" type="checkbox"/> DELETE			
NAME	WALEGA, GREGORY J				
STREET ADDRESS	320 N MAIN ST				
CITY-ST-ZIP	ANN ARBOR MI				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	LEAHY, CHARLES E				
STREET ADDRESS	320 N MAIN ST				
CITY-ST-ZIP	ANN ARBOR MI 48104				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	O'MALLEY, PENNY H.				
2.3 STREET ADDRESS	320 N. MAIN ST.				
2.4 CITY-ST-ZIP	ANN ARBOR, MI 48104				
3.1 TITLE	SENIOR VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	PFEIFFER, PETER H.				
3.3 STREET ADDRESS	320 N. MAIN ST.				
3.4 CITY-ST-ZIP	ANN ARBOR MI 48104				
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	HOOVER, DONALD				
4.3 STREET ADDRESS	320 N. MAIN ST.				
4.4 CITY-ST-ZIP	ANN ARBOR, MI 48104				
5.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	TYLER, WILLIAM C.				
5.3 STREET ADDRESS	320 N. MAIN ST.				
5.4 CITY-ST-ZIP	ANN ARBOR, MI 48104				
6.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	HAYWARD, D. KEITH				
6.3 STREET ADDRESS	320 N. MAIN ST.				
6.4 CITY-ST-ZIP	ANN ARBOR, MI 48104				

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 officers and directors.

SIGNATURE: Charles E. Leahy Secretary Date: 4/22/99 734-769-53520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)