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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000421 (5)

INTEGRATED SYSTEMS TECHNOLOGIES INTERNATIONAL IN

41370 BRIDGE ST. NOVI MI 48375-1302

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 41370 BRIDGE ST. NOVI MI 48375-1302 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 38-2857221 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **926 GREAT POND DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32714** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 TITLE Change Addition HERTER, ULRICH MALIF 1.2 NAME 950 GORDEN LANE STREET ADDRESS 1.3 STREET ADDRESS **BIRMINGHAM MI 48009** CITY - ST - ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE **Change** ___ Addition STEBBINS, ANDREW NAME 2.2 NAME **57 PARAGON** フスマ ちろぎこみりみん トみんと STREET ADDRESS 2.3 STREET ADDRESS **TROY MI 48096** CITY-ST-ZIP 2. 4 CITY-ST-ZIP HOWELL, MI DELETE Change Addition TITLE 3.1 TITLE **HUTCHINSON, HENRY** NAME 3.2 NAME 2025 LAKESHORE DR. STREET ADDRESS 3.3 STREET ADDRESS **COMMERCE TOWNSHIP MI 48382** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7IP 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 DELETE ☐ Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

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 suppliemental annual report is five 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 truster impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if on an attachment within address.

SIGNATURE: