

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F96000002487 (4)**

1. Corporation Name:

DMR FINANCIAL SERVICES, INC.



Principal Place of Business

**24445 NORTHWESTERN HWY #219
SOUTHFIELD MI 48075**

Mailing Address

**24445 NORTHWESTERN HWY #219
SOUTHFIELD MI 48075**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1996

4. FEI Number

38-1778676

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **33045 Hamilton Ct West Ste 100**

Suite, Apt. #, etc.

22 **Farmington Hills, MI 48334**

23 **48334**

24 **USA**

2a. Mailing Address

26 **33045 Hamilton Ct West Ste 100**

Suite, Apt. #, etc.

27 **Farmington Hills, MI 48334**

28 **48334**

29 **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

unchanged

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

Signature typed or printed name of registered agent and officer responsible

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP**
NAME **ARMISTEAD, DANIEL D**
STREET ADDRESS **24445 NORTHWESTERN HWY #219**
CITY-ST-ZIP **SOUTHFIELD MI**

☐ DELETE

TITLE **P**
NAME **STEVENS, MARK C**
STREET ADDRESS **24445 NORTHWESTERN HWY. STE 100**
CITY-ST-ZIP **SOUTHFIELD MI**

☐ DELETE

TITLE **COO**
NAME **CREER, GORDON W**
STREET ADDRESS **24445 NORTHWESTERN HWY #219**
CITY-ST-ZIP **SOUTHFIELD MI 48075**

☐ DELETE

TITLE **S**
NAME **DURANT, CLARK**
STREET ADDRESS **300 TALON CTR**
CITY-ST-ZIP **DETROIT MI 48207**

☐ DELETE

TITLE **D**
NAME **DECKLEVER, WILLIAM O**
STREET ADDRESS **17557 NORTHFIELD DR**
CITY-ST-ZIP **ROCHESTER HILLS MI 48309**

☐ DELETE

TITLE **D**
NAME **LOVING, JOSEPH H**
STREET ADDRESS **100 MAPLE PARK BLVD #140**
CITY-ST-ZIP **ST CLAIR SHORES MI 48082**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **CP** ☒ Change ☐ Addition
12 NAME **Armistead, Daniel D**
13 STREET ADDRESS **33045 Hamilton Ct West, Ste 100**
14 CITY-ST-ZIP **Farmington hills, MI 48334**

21 TITLE **P** ☒ Change ☐ Addition
22 NAME **Mark C. Stevens**
23 STREET ADDRESS **33045 Hamilton ct west ste 100**
24 CITY-ST-ZIP **Farmington Hills, mi 48334**

31 TITLE **COF / T** ☒ Change ☐ Addition
32 NAME **Creer, Gordon W.**
33 STREET ADDRESS **33045 Hamilton Ct West Ste 100**
34 CITY-ST-ZIP **Farmington Hills, Mi 48334**

41 TITLE **S** ☒ Change ☐ Addition
42 NAME **Durant, Clark**
43 STREET ADDRESS **480 Pierce Street**
44 CITY-ST-ZIP **Birmingham, MI 48009**

51 TITLE **COO / EVP** ☐ Change ☒ Addition
52 NAME **Clark, Thomas L.**
53 STREET ADDRESS **33045 Hamilton Ct West Ste 100**
54 CITY-ST-ZIP **Farmington Hills, Mi 48334**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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.

SIGNATURE:

Gordon W. Creer Treasurer / CFO

May 7, 1998

CR2E034 (10/97)