

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 12 1997 8:00am
Secretary of State

DOCUMENT # F96000003593 (8)

1. Corporation Name

DESIGNED ADMINISTRATIVE RESOURCES TECHNOLOGIES,
INC.

Principal Place of Business

2851 HIGH MEADOW CIRCLE
AUBURN HILLS MI 48326

Mailing Address

2851 HIGH MEADOW CIRCLE
AUBURN HILLS MI 48326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1996
3a. Date of Last Report

4. FEI Number 38-1656840
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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO
NAME LAMBKA, DENNIS E
STREET ADDRESS 2851 HIGH MEADOW CIRCLE
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE VT
NAME BRAY, RONALD E
STREET ADDRESS 2851 HIGH MEADOW CIRCLE
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE V
NAME LAMBKA, BRIAN W
STREET ADDRESS 2851 HIGH MEADOW CIRCLE
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE CFO
NAME CANDELA, JOHN A
STREET ADDRESS 2851 HIGH MEADOW CIRCLE
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE V
NAME FISHER, EDWARD W
STREET ADDRESS 2851 HIGH MEADOW CIRCLE
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE CFO
4.2 NAME Stout, Dennis
4.3 STREET ADDRESS 2851 High Meadow Circle
4.4 CITY-ST-ZIP Auburn Hills, MI 48326

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

Dennis E. Lambka

7/23/97 (248) 373-2000

CR2E034 (4/97)