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

04-29-1999 90042 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004008

1. Corporation Name  
SMI RETAIL CORP.

Principal Place of Business  
700 E. 48TH ST. NORTH  
SIOUX FALLS SD 57104

Mailing Address  
C/O TAX DEPARTMENT  
21001 VAN BORN ROAD  
TAYLOR MI 48180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number  
46-0420248

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 the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME GOUCHER, ROBERT  
STREET ADDRESS 700 E. 48TH ST. NORTH  
CITY-ST-ZIP SIOUX FALLS SD 57104

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME John Swedeen  
1.3 STREET ADDRESS 700 E. 48th. St. North  
1.4 CITY-ST-ZIP Sioux Falls, SD 57104

TITLE DVTS ☐ DELETE  
NAME MOSTELLER, RICHARD G  
STREET ADDRESS 21001 VAN BORN RD.  
CITY-ST-ZIP TAYLOR MI 48180

2.1 TITLE D V T A S ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE  
NAME GARGARO, EUGENE A JR  
STREET ADDRESS 21001 VAN BORN RD.  
CITY-ST-ZIP TAYLOR MI 48180

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

TITLE DV ☐ DELETE  
NAME KENNEDY, RAYMOND F  
STREET ADDRESS 21001 VAN BORN RD.  
CITY-ST-ZIP TAYLOR MI 48180

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME HENNESSEY, FRANK M  
STREET ADDRESS 21001 VAN BORN RD.  
CITY-ST-ZIP TAYLOR MI 48180

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME Douglas Chadwick  
5.3 STREET ADDRESS Highway 105  
5.4 CITY-ST-ZIP Northwood, IA 50459

TITLE V ☐ DELETE  
NAME DORAN, DAVID A  
STREET ADDRESS 21001 VAN BORN RD.  
CITY-ST-ZIP TAYLOR MI 48180

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with a holder like empowered.

SIGNATURE:

David A. Doran

4/22/99

313/274-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)