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FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004678 (6)

1. Corporation Name  
KSI PROPERTIES, INC.

Principal Place of Business  
999 WEST BIG BEAVER ROAD, SUITE 601  
TROY MI 48064

Mailing Address  
999 WEST BIG BEAVER ROAD, SUITE 601  
TROY MI 48064-4716



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
09/11/1996

3a. Date of Last Report

4. FEI Number  
38-2964567

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 of type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	ADDERLEY, TERENCE E	
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	
CITY-ST-ZIP	TROY MI 48064	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	GEIGER, PAUL	
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	
CITY-ST-ZIP	TROY MI 48064	
TITLE	GCSV	<input type="checkbox"/> DELETE
NAME	HARTWIG, EUGENE L	
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	
CITY-ST-ZIP	TROY MI 48064	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARRANCO, ROBERT G	
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	
CITY-ST-ZIP	TROY MI 48064	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, CHARLES M	
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	
CITY-ST-ZIP	TROY MI 48064	
TITLE	VF	<input type="checkbox"/> DELETE
NAME	WIDGREN, RICHARD R	
STREET ADDRESS	999 WEST BIG BEAVER ROAD, SUITE 601	
CITY-ST-ZIP	TROY MI 48064	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: *R Widgren*

Vice President, Finance

4/7/97

(810) 244-4277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)