

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000006376			
1. Entity Name WALBRIDGE ALDINGER COMPANY			
Principal Place of Business 613 ABBOTT ST DETROIT, MI 48226		Mailing Address 613 ABBOTT ST DETROIT, MI 48226	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

06 OCT 19 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062006 REIN-P CR2E098 (11/05)

4. FEI Number 38-1141440	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) City FL Zip Code	
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REINSTATEMENT

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Claudia L. Saari Claudia L. Saari
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must be a resident of the State of Florida.) Asst. Secretary

DATE 10/12/06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RAKOLTA, JOHN JR 613 ABBOTT ST DETROIT, MI 48226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900081025029 10/13/06--01033--028 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RAKOLTA, JOHN JR 613 ABBOTT ST DETROIT, MI 48226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEANGELIS, VINCE 613 ABBOTT ST DETROIT, MI 48226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAUSMANN, RONALD 613 ABBOTT ST DETROIT, MI 48226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALLER, RICHARD 613 ABBOTT ST DETROIT, MI 48226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALLER, MICHAEL 613 ABBOTT ST DETROIT, MI 48226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALBRIDGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-06 313-963-8000
Date Daytime Phone #