

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

FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000002260 (4)**

1. Corporation Name

**MCNAMEE, PORTER & SEELEY, INC.**

Principal Place of Business  
**3131 SOUTH STATE STREET  
ANN ARBOR MI 48106**

Mailing Address  
**3131 SOUTH STATE STREET  
ANN ARBOR MI 48106**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/28/1997**

4. FEI Number  
**38-2870185**

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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL** 85. Zip Code

10. Name and Address of New Registered Agent

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	VPD	<input type="checkbox"/> DELETE
NAME	ATASI, KHALIL Z	
STREET ADDRESS	29510 KINGS PT COURT	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENOIT, DENNIS J	
STREET ADDRESS	2731 OAKWOOD DRIVE SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49506	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BURKHARDT, GLENN S	
STREET ADDRESS	8139 ERNST ROAD	
CITY-ST-ZIP	MANCHESTER MI 48158	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FORCE, RICHARD W	
STREET ADDRESS	3785 FOX HUNT DRIVE	
CITY-ST-ZIP	ANN ARBOR MI 48105	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KANG, SJOH	
STREET ADDRESS	3148 MILLS COURT	
CITY-ST-ZIP	ANN ARBOR MI 48104-4121	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KINGSLEY, KENNETH E	
STREET ADDRESS	5730 MARSHALL RD	
CITY-ST-ZIP	DEXTER MI 48130	

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 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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/98** **313-645-6000**  
Date Daytime Phone # 0801713

CR2E034 (10/97)