

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


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Feb 05, 1999 8:00am
Secretary of State

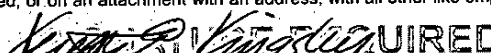
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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000002260					
1. Corporation Name MCNAMEE, PORTER & SEELEY, INC.					
Principal Place of Business 3131 SOUTH STATE STREET ANN ARBOR MI 48108			Mailing Address 3131 SOUTH STATE STREET ANN ARBOR MI 48108		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-2870185	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New 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		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	VPD	ATASI, KHALIL Z	29510 KINGS PT COURT FARMINGTON HILLS MI 48331	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	VD	BENOIT, DENNIS J	2731 OAKWOOD DRIVE SE GRAND RAPIDS MI 49506	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	VTD	BURKHARDT, GLENN S	8139 ERNST ROAD MANCHESTER MI 48158	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	VD	FORCE, RICHARD W	3785 FOX HUNT DRIVE ANN ARBOR MI 48105	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	VPD	KANG, S.JOH	3148 MILLS COURT ANN ARBOR MI 48104-4121	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V	KINGSLEY, KENNETH E	5730 MARSHALL RD DEXTER MI 48130	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 all other like empowered.

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

1/14/99 734-213-4012
Date Daytime Phone #