

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90409 038 ***150.00

DOCUMENT # F97000002983

1. Entity Name
J & L AMERICA, INC.



Principal Place of Business
**31800 INDUSTRIAL RD.
LIVONIA EXECUTIVE PK
LIVONIA, MI 48150**

Mailing Address
**31800 INDUSTRIAL RD.
LIVONIA EXECUTIVE PK
LIVONIA, MI 48150**

13010000



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2341391

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESSNER, MICHAEL P 31800 INDUSTRIAL RD LIVONIA, MI 48151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, JAMES E 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE, PA 156500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KELLY, BRIAN 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE, PA 156500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GREENFIELD, DAVID W 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE, PA 156500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NOWE, KEVIN G 1600 TECHNOLOGY WAY, P.O. BOX 231 LATROBE, PA 156500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DARIN, NICKOLAS 31800 INDUSTRIAL RD LIVONIA, MI 48151

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Brian Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 724-531-5000