

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000003628 (1)

1. Corporation Name

FEDERATED CAPITAL CORPORATION

Principal Place of Business

30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334

Mailing Address

30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1997

4. FEI Number

38-3338119

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 Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KONDO, MASANOBU
1211 AVENUE OF THE AMERICAS
NEW YORK NY 10036-8880 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FERRIS, LOUIS P JR
30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FECHER, MARK G
30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HO, DAVID
30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AV
SULTENFUSS, RUSS
30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASADA, KATSUHIKO
1211 AVENUE OF THE AMERICAS
NEW YORK NY 10036-8880 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE

7-3-1998

CR2E034 (5/98)