

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04-07-2004 90035 017 ****61.25
F97000003628

DOCUMENT # F97000003628

1. Entity Name
FEDERATED CAPITAL CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 14 AM 9:52
34047334

Principal Place of Business
**30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS, MI 48334**

Mailing Address
**30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS, MI 48334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004 Chg-P CR2E034 (10/03)

4. FEI Number
38-3338119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES INC
528 E PARK AVE
TALLAHASSEE, FL 32301**

Name

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

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCHROEDER, VARNON K**
STREET ADDRESS **30955 NORTHWESTERN HWY**
CITY-ST-ZIP **FARMINGTON, MI 48334**

TITLE **P D** ☒ Change ☐ Addition
NAME **SCHROEDER, VERNON**
STREET ADDRESS **30955 NORTHWESTERN HWY**
CITY-ST-ZIP **FARMINGTON HILLS, MI 48334**

TITLE **VS** ☒ Delete
NAME **FECHER, MARK G**
STREET ADDRESS **30955 NORTHWESTERN HIGHWAY**
CITY-ST-ZIP **FARMINGTON HILLS, MI 48334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **MOORE, ROY F**
STREET ADDRESS **30955 NORTHWESTERN HIGHWAY**
CITY-ST-ZIP **FARMINGTON HILLS, MI 48334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T D** ☐ Change ☒ Addition
NAME **GALLO, TOM**
STREET ADDRESS **1211 AVENUE OF AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Vernon Schroeder, Pres.

VERNON SCHROEDER, PRES.

3/29/04 248-737-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 310

4/14/04