

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90042 041 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000003790**

1. Corporation Name  
**MASCO ACQUISITION SUBSIDIARY, INC.**



Principal Place of Business  
**515 BIG STONE GAP RD  
 DUCANVILLE TX 75137  
 US**

Mailing Address  
**21001 VAN BORN RD  
 TAYLOR MI 48180  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 515 Big Stone Gap Road**

2a. Mailing Address  
**26**

3. Date Incorporated or Qualified  
**07/21/1997**

4. FEI Number  
**38-3363271**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State  
**Duncanville**

28 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **DV**  
 NAME **KENNEDY, RAYMOND**  
 STREET ADDRESS **21001 VAN BORN RD.**  
 CITY-ST-ZIP **TAYLOR MI 48180**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **VTDA**  
 NAME **MOSTELLER, RICHARD G**  
 STREET ADDRESS **21001 VAN BORN RD.**  
 CITY-ST-ZIP **TAYLOR MI 48180**

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

**D V T A S**

Change  Addition

TITLE **VSD**  
 NAME **GARGARO, EUGENE A JR**  
 STREET ADDRESS **21001 VAN BORN RD.**  
 CITY-ST-ZIP **TAYLOR MI 48180**

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

Change  Addition

TITLE **V**  
 NAME **DORAN, DAVID A**  
 STREET ADDRESS **21001 VAN BORN RD.**  
 CITY-ST-ZIP **TAYLOR MI 48180**

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

Change  Addition

TITLE **V**  DELETE  
 NAME **HENNESSEY, FRANK M**  
 STREET ADDRESS **21001 VAN BORN RD.**  
 CITY-ST-ZIP **TAYLOR MI 48180**

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

**V**  
**John R. Leekley**  
**21001 Van Born Road**  
**Taylor, MI 48180**

Change  Addition

TITLE **P**  
 NAME **LADD, C F**  
 STREET ADDRESS **515 BIG STONE GAP RD**  
 CITY-ST-ZIP **DUANVILLE TX 75137**

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

**Duncanville**

Change  Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a power of attorney.

SIGNATURE:

**David A. Doran** 4/22/99 313/274-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)