

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90751 001 ***300.00

DOCUMENT # F98000000367

1. Entity Name
ALTICOR INC.

Principal Place of Business
7575 EAST FULTON ROAD
ADA MI 49355

Mailing Address
7575 EAST FULTON ROAD
ADA MI 49355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-1736584

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVOS, RICHARD M JR	
STREET ADDRESS	7575 EAST FULTON ROAD	
CITY-ST-ZIP	ADA MI 49355	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MOHR, MICHAEL A	
STREET ADDRESS	7575 EAST FULTON ROAD	
CITY-ST-ZIP	ADA MI 49355-0001	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MITCHELL, KIM	
STREET ADDRESS	7575 EAST FULTON ROAD	
CITY-ST-ZIP	ADA MI 49355	
TITLE	C	<input type="checkbox"/> Delete
NAME	VAN ANDEL, JAY	
STREET ADDRESS	7575 EAST FULTON ROAD	
CITY-ST-ZIP	ADA MI 49355	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	LYALL, LYNN J	
STREET ADDRESS	7575 EAST FULTON ROAD	
CITY-ST-ZIP	ADA MI 49355-0001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** **Craig V. Witcher** **4/10/02** **(616) 787-6000**
 Asst Treasurer Date Daytime Phone #

CR2E034 (9/01)