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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F98000001654

ERIM INTERNATIONAL, INC.

Principal Place	of Business	, Ma	ailing Address					111 <b>98</b> 111 <b>99191 1781</b>	#11.51 \$1111 \$141 1441
P.O. BOX 134008 P.O. BOX 134008 ANN ARBOR MI 48113-4008									
			ANN ARBOR MI 48113-4008				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 03/24/1998		<del></del>
2 Principal D	lace of Business	2a	Mailing Address				4. FEI Number		Applied For
<del>-</del>	lace of Business	26	Walling Acciness				38-3341513	<b>—</b>	Not Applicable
Suite, Apt. #, etc.		- 201	Suite, Apt. #, etc.					\$8.	75 Additional
22		27					5. Certificate of Status Desired		e Required
City & State		<del> </del>	City & State		- · · · .		6. Election Campaign Financing	\$5	.00 May Be
23		28	•				Trust Fund Contribution		ded to Fees
Zip	Country	1	Zip	Country	,		8. This corporation owes the current	year Intangible	
24	25	29	30	30			Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent							10. Name and Address of New Regi	stered Agent	
0.7	CORROBATION OVOTER			81	Name	•			
	C T CORPORATION SYSTEM			82	Street	Addres	Iress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			2 101 7 2 7 5 5						
PLAN	ITATION FL 33324			83				e da Soldanasi.	阿拉斯
				84	City				Zip Code
9984, 16 3,1 6	Financial action of the First State of the S				'				
11: Pursuant	to the provisions of Sections 607.050	2 and 6	i07.1508, Florida Statutes, t	the abov	e-named	d corpor	ration submits this statement for the purp i's board of directors. I hereby accept the	pose of changin a appointment	ig its registered as registered
agent. I a	m familiar with, and accept the obliga	oi Flori	Section 607.0505, Florida	Statutes	ine oon	30144011	To board at amostory. Thereby decopy and		· - <b>g</b> · - · - · ·
SIGNATURE	(SAME AGENT)		* 6 * 6 *						
OIOIWITOILE	Signature, typed or printed name of registered age				nt signature	required v	8/	DATE	OTODO IN 40
	OFFICERS AT	ND DIRE		13.		1	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	
TITLE	PD .		☐ DELETE	1,1 TITLE				[_] Clia	inge 🗀 Addition
NAME	BANKS, PETER M			1.2 NAME					
STREET ADDRESS	1975 GREEN ROAD				T ADDRESS	6			
CITY-ST-ZIP	ANN ARBOR MI			1,4 CITY-S	T-ZIP	+		Cha	ange Addition
πtE	S		☐ DELETE	2.1 TITLE				Clia	rige Addition
NAME	VASHAK, WALTER E			2.2 NAME					
STREET ADDRESS	1975 GREEN ROAD				T ADDRESS	3			
CITY-ST-ZIP~**	ANN ARBOR MI		NZ percie	2.4 CITY-	ST-ZIP	<u> </u>		- ← □ Cha	ange 🔀 Addition
TITLE	D BIOLIAGO B		X DELETE	3.1 TITLE		D	VANC ID LIFELLIAN	_	inge partoonide
NAME	EIDSWICK, RICHARD P	~1		3.2 NAME			VANS, JR., LLEWELLYN	J.	
STREET ADDRESS	130 SO. FIRST STREET, 2ND	rL			T ADDRESS		076 GLANAMMAN WAY		
CITY-ST-ZIP	ANN ARBOR MI			3.4. CITY-	ST-ZIP	W/	ARRENTON, VA	Cha	ange 🔲 Additio
ΠιτΕ	V		☐ DELETE	4.1 TITLE					inge [] Addition
NAME	WALKER, JACK L			4. 2 NAME					
STREET ADDRESS					T ADDRESS	3			
CITY-ST-ZIP	ANN ARBOR MI			4.4 CITY-5	T-ZIP	-		☐ Cha	ange
TISLE	V FOLLARD O		☐ DELETE	5.1 TITLE					inge 🔲 Additio
NAME	EVANS III, EDWARD S			5.2 NAME	~				
STREET ADDRESS	1975 GREEN ROAD				T ADDRESS	`			
CITY-ST-ZIP	ANN ARBOR MI		SZ DELETE	5.4 CITY-5 6.1 TITLE	1-ZIP	+	FD	Cha	ange 🔀 Additio
TITLE	VD		DELETE				TD		inge 👝 Additio
NAME	MITCHEL, RALPH H	_ /	1 I	6.2 NAME			AZIO, PHILIP		
STREET ADDRESS	1101 WILSON BLVD, STE 110	U /	1	6.3 STREE	TADDRESS	۶  1 <u>9</u>	975 GREEN ROAD		

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with any didtes, with all cother like approximation. 14. I hereby certify that the indicated on this annual officer or director of the Block 12 or Block 13 if ddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ARLINGTON NA

REMR. WALTER E. VASHAK 4/26/99 (734)994-1200, ext.3560

**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90221 037 \*\*\*150.00