2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # F9800002534 MICHIGAN OAKLAND PARK CORP. 05-24-2000 90066 045 ***150.00 Principal Place of Business Mailing Address 38345 W. TEN MILE ROAD, STE. 170 38345 W. TEN MILE ROAD, STE, 170 FARMINGTON HILLS MI 48335-2883 FARMINGTON HILLS MI 48335 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State applied for Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE CAPOZZOLI, JOSEPH NAME NAME 38345 W. TEN MILE RD., STE. 170 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **FARMINGTON HILLS MI 48335** Change ☐ Addition ☐ Delete TITLE MILLER, THOMAS NAME NAME 21600 WHITTINGTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **FARMINGTON HILLS MI 48336** CITY-ST-ZIP DV Change Addition ☐ Delete TITLE -TITLE -STORUM, CRAIG NAME NAME 1496 MERRY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WATERFORD MI 48328 CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 any 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. 5-1-00 248-476 6

Sumil'e

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: