


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90090 031 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000003844**

1. Corporation Name  
**MRP SERVICE AGREEMENT CORPORATION**

Principal Place of Business <b>3044 WEST GRAND BLVD</b> <b>MC: 482-1X3-301</b> <b>DETROIT MI 48202</b>	Mailing Address <b>3044 WEST GRAND BLVD</b> <b>MC: 482-1X3-301</b> <b>DETROIT MI 48202</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>07/07/1998</b>	
		4. FEI Number <b>52-2106871</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOLL, WILLIAM B			1.2 NAME			
STREET ADDRESS	3044 WEST GRAND BLVD MC: 482-1X3-301			1.3 STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORIS, JOHN P			2.2 NAME			
STREET ADDRESS	3044 WEST GRAND BLVD MC: 482-1X3-301			2.3 STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARRIO JR, LOUIS S			3.2 NAME			
STREET ADDRESS	3044 WEST GRAND BLVD MC: 482-1X3-301			3.3 STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUEENEVILLE, CATHY L			4.2 NAME			
STREET ADDRESS	3044 WEST GRAND BLVD MC: 482-1X3-301			4.3 STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNN JR, JOHN J			5.2 NAME			
STREET ADDRESS	3044 WEST GRAND BLVD MC: 482-1X3-301			5.3 STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI			5.4 CITY-ST-ZIP			
TITLE	TAS	<input type="checkbox"/> DELETE		6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNAY, ROBERT L			6.2 NAME			
STREET ADDRESS	3044 WEST GRAND BLVD MC: 482-1X3-301			6.3 STREET ADDRESS			
CITY-ST-ZIP	DETROIT MI			6.4 CITY-ST-ZIP			

14. 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 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 all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donnay, Assistant Secy. 3/11/99 313 556-2200

Date

Daytime Phone #

CR2E034 (11/98)