2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # F9900001217 HOMEPRIDE FINANCE CORP. 04-24-2000 90044 007 ***150.00 Principal Place of Business Mailing Address 2701 UNIVERSITY DR., STE. 300 2701 UNIVERSITY DR., STE. 300 AUBURN HILLS MI 48326 AUBURN HILLS MI 48326-2566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 38-3454767 Not Applicable Country Zip \$8.75 Additional 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** City 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) 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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. Change Addition THTLE ☐ Delete TITLE YOUNG, WALTER R NAME NAME 2701 UNIVERSITY DR., STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURN HILLS MI 48326 CITY-ST-ZIP DIRECTUA, PRESIDENT, TREAS Change Delete TITLE TITLE STEGMAYER, JOSEPH H NAME NAMÉ STREET ADDRESS 2701 UNIVERSITY DR., STE. 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURN HILLS MI 48326 <u>DV</u>____ Delete ~ JITLE ☐ Change ☐ Addition TITLE-SURLES, PHILIP C NAME NAME 2701 UNIVERSITY DR., STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURN HILLS MI 48326 D۷ ☐ Addition ☐ Delete TITLE ☐ Change TITLE COLE, M. MARK NAME NAME 2701 UNIVERSITY DR., STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUBURN HILLS MI 48326** EXECUTIVE VICE PRESIDENT Change Addition Jelete TITLE TITLE ANDY GRIGGS HESS, GARY NAME NAME 2701 UNIVERSITY DR SITE 300 2701 UNIVERSITY DR., STE. 300 STREET ADDRESS STREET ADDRESS AUBURN HILLS MI CITY-ST-ZIP CITY-ST-ZIP AUBURN HILLS MI 48326 SECRETARY ☐ Change **₩** Addition Delete TITLE TITLE COLLINS, JOHNJ, JR THOMAS, CARMEL NAME NAME 2701 UNIVERSITY DR. STE 300 STREET ADDRESS STREET ADDRESS 2701 UNIVERSITY DR., STE. 300 CITY-ST-ZIP **AUBURN HILLS MI 48326** AUBURN HILLS MI 48324

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 the empowered.

A PRINTED NAME OF SENING OFFICER OR DIRECTOR

SIGNATURE: