FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 06, 2001 8:00 am Secretary of State ĎOĊUMENT # **F99000002641** 1. Entity Name CONTROL ENGINEERING COMPANY 4-06-2001 90067 018 \*\*\*150.00 Principal Place of Business Mailing Address 8212 M-119 HWY 8212 M-119 HWY HARBOR SPRINGS MI 49740 HARBOR SPRINGS MI 49740 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-1743633 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 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, 2001 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 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEBB, GEORGE H NAME NAME STREET ADDRESS 34375 W. 12 MILE ROAD STREET ADDRESS CITY-ST-ZIP FARMINGTON HILLS MI CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition VOKES, A R NAME NAME 8212 HARBOR-PETOSKY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HARBOR SPRINGS MI CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE WEBB, SUSAN M NAME NAME STREET ADDRESS 24012 GLEN RIDGE COURT STREET ADDRESS CITY-ST-ZIE NOVI MI CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HODKINSON, STEVEN F NAME NAME STREET ADDRESS 2863 MEADOWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOOMFIELD HILLS MI** ☐ Delete TITLE TITLE ☐ Change ☐ Addition WEBB, JERVIS C NAME NAME STREET ADDRESS 34375 W 12 MILE ROAD STREET ADDRESS CITY-ST-7P FARMINGTON HILLS MI CiTY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition WALLACE, BETTY J NAME NAME STREFT ADDRESS 409 SHOTKA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTLAND MI

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.

QΙ	CN	ATI	IRF:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRES., TREAS. 03/29/01