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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57040 (3)

1. Corporation Name
UNIVERSAL TRANSIT PROPERTY COMPANY

Principal Place of Business
C/O RICHARD MANCZAK, ESO
3400 E LAFAYETTE (MAILING ADDRESS)
DETROIT MI 48207
US

Mailing Address
C/O RICHARD MANCZAK, ESO
3400 E LAFAYETTE (MAILING ADDRESS)
DETROIT MI 48207
US



3. Date Incorporated or Qualified 01/10/1989
3a. Date of Last Report 04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number 65-0095466
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISL RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVIN, YALE	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY-ST-ZIP	DETROIT MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANCZAK, RICHARD	
STREET ADDRESS	3400 E LAFAYETTE	
CITY-ST-ZIP	DETROIT MI	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, TIMOTHY J.	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY-ST-ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCANN, KATHLEEN	
STREET ADDRESS	3400 E. LAFAYETTE	
CITY-ST-ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PIESKIO, MICHAEL L	
STREET ADDRESS	3400 E LAFAYETTE	
CITY-ST-ZIP	DETROIT MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/T Piesko, Michael L.
5.3 STREET ADDRESS	3400 East Lafayette
5.4 CITY-ST-ZIP	Detroit, MI 48207
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Manczak

Date

4/22/97

Daytime Phone #

313/567-4700

0527633

CR2E034 (9/96)