

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L28621 (5)
 1. Corporation Name
SOURCING AND TECHNICAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1965 NW 159TH ST 7373 WEST SIDE AVENUE MIAMI FL 33169 US	Mailing Address 3100 W BIG BEAVER RD ATTN: TAX DEPT TROY MI 48064 US
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3. Date Incorporated or Qualified 11/09/1989	4. FEI Number 22-3004708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	ALFUS, MARJORIE 7373 W SIDE AVE NORTH BERGEN NJ	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME STEPHEN M. ROSS 1.3 STREET ADDRESS 3100 W. BIG BEAVER RD. 1.4 CITY-ST-ZIP TROY MI 48084
TITLE VP	DAVID GREENE 7373 WEST SIDE AVE NORTH BERGEN NJ	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE S	NANCIE W. LADUKE 3100 W. BIG BEAVER RD. TROY MI	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE TR	WILLIAM RUSSO 7373 WEST SIDE AVE. NORTH BERGEN NJ	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V.P. AND TREASURER 4.2 NAME MICHAEL J. VIOLA 4.3 STREET ADDRESS 3100 W. BIG BEAVER RD. 4.4 CITY-ST-ZIP TROY MI 48084
TITLE AT	MISPLON, JAMES L 3100 W. BIG BEAVER RD. TROY MI	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: *J Misplon* **JAMES L. MISPLON 4/27/98 (248) 643-1079**

CR2E034 (10/97)