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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

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FILED May 21 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # L52809 (5)SOUTHFIELD CORPORATION Principal Place of Business Mailing Address C/O PROGRESSIVE TOOL AND IND. C/O PROGRESSIVE TOLL AND IND. 21000 TELEGRAPH RD. SOUTHFIELD MI 48034 21000 TELEGRAPH RD. SOUTHFIELD MI 48034 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1990 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 58-1903157 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Ζip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WISNE, EDWARD Name 6435 PARSON BROWN DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 84 City Zip Code 65 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WISNE, ANTHONY E. 1.2 NAME NAME 7724 ORANGE TREE LANE STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE WISNE, LAWRENCE A. 2.2 NAME NAME 2100 TELEGRAPH ROAD STREET ADDRESS 2.3 STREET ADDRESS **SOUTHFIELD MI** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE WINIARSKI, VICTOR A. NAME 3.2 NAME 2100 TELEGRAPH ROAD STREET ADDRESS 3.3 STREET ADDRESS **SOUTHFIELD MI** CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP COY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental 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