

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

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Mar 18 1997 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                                  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P01549 (5)**  
 1. Corporation Name  
**GENESEE PAINTING CO., INC.**



|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3080 N CENTER ROAD<br/>         FLINT MI 48519-1412</b> | Mailing Address<br><b>3080 N CENTER ROAD<br/>         FLINT MI 48519-1412</b> |
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| <b>2. Principal Place of Business</b><br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country                                                     |  | <b>2a. Mailing Address</b><br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country    |  | <b>3. Date Incorporated or Qualified</b><br><b>04/09/1984</b>                                                             | <b>3a. Date of Last Report</b><br><b>06/18/1996</b> |
| <b>4. FEI Number</b><br><b>38-2054725</b>                                                                                                                          |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                     |
| <b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                                                                        |  |                                                                                                                           |                                                     |

|                                                                                                                                              |  |                                                                                                                                                              |  |
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| <b>9. Name and Address of Current Registered Agent</b><br><b>NILES, MAXINE</b><br><b>#2 HENDRICKS ISLE</b><br><b>FT. LAUDERDALE FL 33301</b> |  | <b>10. Name and Address of New Registered Agent</b><br>81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>84. City<br>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          |                                                                                                               |
|----------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PD<br><b>NILES, RONALD D.</b><br><b>5237 BERNEDA DRIVE</b><br><b>FLINT MI</b>   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>DIRECTOR</b><br><b>RONALD D. NILES</b><br><b>5237 BERNEDA DR.</b><br><b>FLINT MI 48506</b>                 |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | VD<br><b>NILES, DAN A.</b><br><b>9690 BURNING TREE</b><br><b>GRAND BLANC MI</b> | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>PRESIDENT, DUELIST</b><br><b>DAN A. NILES</b><br><b>9690 BURNING TREE</b><br><b>GRAND BLANC, MI 48439</b>  |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | STD<br><b>NILES, GARY L.</b><br><b>5206 E CARPENTER</b><br><b>FLINT MI</b>      | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>SEC. TREAS. DIRECTOR</b><br><b>NILES, GARY L.</b><br><b>2138 SYCAMORE CIRCLE</b><br><b>BURTON MI 48509</b> |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |                                                                                 | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |                                                                                                               |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |                                                                                 | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |                                                                                                               |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |                                                                                 | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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: Gay L. Niles 3-12-97 810 7360950  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)