

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:57

DOCUMENT # **P03302** (7)
1. Corporation Name
ALLIED FILM LABORATORY, INC.

Principal Place of Business Mailing Address
7375 WOODWARD AVENUE **7375 WOODWARD AVENUE**
DETROIT MI 48202 **DETROIT MI 48202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/07/1984** 3a. Date of Last Report **10/12/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		38-1624612		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	FL
B5	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, see the instructions)

(2/11) Registered Agent signature required when registered

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM H.	1.2 NAME	CD
STREET ADDRESS	7375 WOODWARD	1.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM H.	2.2 NAME	
STREET ADDRESS	7375 WOODWARD	2.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVE, GILBERT E.	3.2 NAME	JUDITH A SZODIK
STREET ADDRESS	2500 COMERICA BLDG	3.3 STREET ADDRESS	7375 WOODWARD
CITY, ST, ZIP	DETROIT MI	3.4 CITY, ST, ZIP	DETROIT, MI 48202
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERKLE, JAMES A.	4.2 NAME	PVD
STREET ADDRESS	7375 WOODWARD	4.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GRANT EARLAND
STREET ADDRESS		5.3 STREET ADDRESS	7375 WOODWARD
CITY, ST, ZIP		5.4 CITY, ST, ZIP	DETROIT, MI 48202
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GEORGE N BISHMAN
STREET ADDRESS		6.3 STREET ADDRESS	7375 WOODWARD
CITY, ST, ZIP		6.4 CITY, ST, ZIP	DETROIT, MI 48202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.07(3)(b), 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 C (or Block D) if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V. P. FIN. DOM

3/8/95

313 871 2222