

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09110

FILED
Apr 15, 2004
Secretary of State

Entity Name: UNISTRUT CORPORATION

Current Principal Place of Business:

3971 S. RESEARCH PARK DR
ANN ARBOR, MI 481082217 US

New Principal Place of Business:

35005 MICHIGAN AVENUE WEST
WAYNE, MI 48184 US

Current Mailing Address:

P.O. BOX 3038
BOCA RATON, FL 334310838 US

New Mailing Address:

P O BOX 8749
PRINCETON, NJ 08543 US

FEI Number: 38-2622338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEAD, ROBERT P
Address: 273 CORPORATE DR STE 100
City-St-Zip: PORTSMOUTH, NH 03801

Title: T () Delete
Name: ROBINSON, MICHAEL A
Address: ONE TOWN CENTER RD
City-St-Zip: BOCA RATON, FL 33486

Title: S () Delete
Name: FLEMISTER, PETER L
Address: 16100 S. LATHROP AVE.
City-St-Zip: HARVEY, IL

Title: VPAT (X) Delete
Name: STEVENSON, SCOTT
Address: ONE TOWN CENTER RD
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEAD, ROBERT P
Address: 35005 MICHIGAN AVENUE WEST
City-St-Zip: WAYNE, MI 48184

Title: S (X) Change () Addition
Name: MOROZE, M. BRIAN
Address: 35005 MICHIGAN AVENUE WEST
City-St-Zip: WAYNE, MI 48184

Title: T (X) Change () Addition
Name: ABROMEIT, RICHARD H
Address: 35005 MICHIGAN AVENUE WEST
City-St-Zip: WAYNE, MI 48184

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PETER MEAD

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04/15/2004

Electronic Signature of Signing Officer or Director

Date