

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P09665 (1)  
1. Corporation Name  
REDMAN RETAIL, INC.



Principal Place of Business  
2701 UNIVERSITY DR  
SUITE 320  
AUBURN HILLS MI 48326  
US

Mailing Address  
2701 UNIVERSITY DR  
SUITE 320  
AUBURN HILLS MI 48326  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2021720	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
				FL	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARRETT, PAUL L.		1.2 NAME	JOHN J. COLLINS, JR.			
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320		1.3 STREET ADDRESS	2701 UNIVERSITY DR., SUITE 300			
CITY-ST-ZIP	AUBURN HILLS MI		1.4 CITY-ST-ZIP	AUBURN HILLS MI 48326			
TITLE	AS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GILMORE, CURTIS W.		2.2 NAME	COLLEEN T. BAUMAN			
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320		2.3 STREET ADDRESS	2701 UNIVERSITY DR., SUITE 300			
CITY-ST-ZIP	AUBURN HILLS MI		2.4 CITY-ST-ZIP	AUBURN HILLS MI 48326			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALKER, FERGUS J.		3.2 NAME	WALTER R. YOUNG, JR.			
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320		3.3 STREET ADDRESS	2701 UNIVERSITY DR., SUITE 300			
CITY-ST-ZIP	AUBURN HILLS MI		3.4 CITY-ST-ZIP	AUBURN HILLS MI 48326			
TITLE	T/S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KIRKPATRICK, J. MARK		4.2 NAME	A. JACQUELINE DOUT			
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320		4.3 STREET ADDRESS	2701 UNIVERSITY DR., SUITE 300			
CITY-ST-ZIP	AUBURN HILLS MI		4.4 CITY-ST-ZIP	AUBURN HILLS MI 48326			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: Colleen T. Bauman 4/24/98 (248) 210-7753

CR2E034 (10/97)