

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 04/07/1986	
4. FEI Number 75-2021720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S	1.1 TITLE V/S/D
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	2.1 TITLE AS
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	3.1 TITLE C/D
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	4.1 TITLE P/D
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/S/D** Change Addition

1.2 NAME **JOHN J. COLLINS, JR.**

1.3 STREET ADDRESS **2701 UNIVERSITY DR., SUITE 300**

1.4 CITY-ST-ZIP **AUBURN HILLS MI 48326**

2.1 TITLE **AS** Change Addition

2.2 NAME **COLLEEN T. BAUMAN**

2.3 STREET ADDRESS **2701 UNIVERSITY DR., SUITE 300**

2.4 CITY-ST-ZIP **AUBURN HILLS MI 48326**

3.1 TITLE **C/D** Change Addition

3.2 NAME **WALTER R. YOUNG, JR.**

3.3 STREET ADDRESS **2701 UNIVERSITY DR., SUITE 300**

3.4 CITY-ST-ZIP **AUBURN HILLS MI 48326**

4.1 TITLE **P/D** Change Addition

4.2 NAME **A. JACQUELINE DOUT**

4.3 STREET ADDRESS **2701 UNIVERSITY DR., SUITE 300**

4.4 CITY-ST-ZIP **AUBURN HILLS MI 48326**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 my address.

SIGNATURE: *Colleen T. Bauman* *Colleen T. Bauman* 4/24/98 (218) 210-7753

CR2E034 (10/97)