

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90110 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P09665**

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

3. Date Incorporated or Qualified <b>04/07/1986</b>	
4. FEI Number <b>75-2021720</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	COLLINS, JOHN J. JR.	
STREET ADDRESS	2701 UNIVERSITY DRIVE SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BAUMAN, COLLEEN T.	
STREET ADDRESS	2701 UNIVERSITY DRIVE SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	YOUNG, WALTER R. JR.	
STREET ADDRESS	2701 UNIVERSITY DRIVE SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOUT, A. JACQUELINE	
STREET ADDRESS	2701 UNIVERSITY DRIVE SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Philip C. Surles	
1.3 STREET ADDRESS	2701 University Drive Suite 300	
1.4 CITY-ST-ZIP	Auburn Hills MI 48326	
2.1 TITLE	J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph H Stegmayer	
2.3 STREET ADDRESS	2701 University Drive, Suite 300	
2.4 CITY-ST-ZIP	Auburn Hills MI 48326	
3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jimmy Paul	
3.3 STREET ADDRESS	2701 University Drive, Suite 300	
3.4 CITY-ST-ZIP	Auburn Hills MI 48326	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: *Jimmy Paul* **SIGNATURE REQUIRED** *Jimmy Paul* **ASST. TREASURER** 1/20/99 (248)340-7753

Daytime Phone #

CR2E034 (11/98)