FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12797** **(7)**

1. Corporation Name
ERB BUILDING SYSTEMS COMPANY

Principal Place of Business	Mailing Address
44 E LONG LAKE PO BOX 458 BLOOMFIELD HILLS MI 48303-0458 US	44 E LONG LAKE PO BOX 458 BLOOMFIELD HILLS MI 48303-0458 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/07/1987**
3a. Date of Last Report: **03/22/1994**

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

4. FEI Number: **38-2654913** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ 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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	ERB, FRED A.	62 NAME	
STREET ADDRESS	44 EAST LONG LAKE	63 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS MI	64 CITY ST ZIP	
TITLE	S	65 TITLE	☐ Change ☐ Addition
NAME	CRAFT, CARL	66 NAME	
STREET ADDRESS	44 E LONG LAKE	67 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS MI	68 CITY ST ZIP	
TITLE	V	69 TITLE	☐ Change ☐ Addition
NAME	ERB, JOHN M	70 NAME	
STREET ADDRESS	44 EAST LONG LAKE	71 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS MI	72 CITY ST ZIP	
TITLE		73 TITLE	☐ Change ☐ Addition
NAME		74 NAME	
STREET ADDRESS		75 STREET ADDRESS	
CITY ST ZIP		76 CITY ST ZIP	
TITLE		77 TITLE	☐ Change ☐ Addition
NAME		78 NAME	
STREET ADDRESS		79 STREET ADDRESS	
CITY ST ZIP		80 CITY ST ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY ST ZIP		84 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and current and that I am qualified for the exemptions stated in Section 119.07(4)(d), 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: Fred A Erb FRED A ERB PRESIDENT 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0467187 FP