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Apr 09 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 # P13185 (4)
1. Corporation Name
TRETTCO, INC.

Principal Place of Business
**33469 14 MILE ROAD
FARMINGTON HILLS MI 48331**

Mailing Address
**33469 14 MILE ROAD
FARMINGTON HILLS MI 48331**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1987	
21		26		4. FEI Number 38-1793419	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KING, JOHN H.	1.1 TITLE	PD KING, JOHN H.
NAME	5536 NORMANHURST	1.2 NAME	6567 Claremore Ct.
STREET ADDRESS	W. BLOOMFIELD MI	1.3 STREET ADDRESS	West Bloomfield MI 48322
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SWEENEY, THOMAS F	2.1 TITLE	
NAME	3300 GAJRDIAN BLDG	2.2 NAME	
STREET ADDRESS	DETROIT MI	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST COUSINS, GEORGE A. (ASST)	3.1 TITLE	ST Cousins, George A.
NAME	28377 FORESTBROOK	3.2 NAME	2050 Blue Stone Lane
STREET ADDRESS	FARMINGTON HILLS MI	3.3 STREET ADDRESS	Commerce MI 48390
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP FOURNIER, JERRY L.	4.1 TITLE	
NAME	28899 OAK POINT	4.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TRIPLETT, WILLIAM W.	5.1 TITLE	
NAME	1021 W. CALLE BONITA	5.2 NAME	
STREET ADDRESS	TUCSON AZ	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D TRIPLETT, LOIS B.	6.1 TITLE	
NAME	1021 W. CALLE BONITA	6.2 NAME	
STREET ADDRESS	TUCSON AZ	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:

3-27-98 (248) 6161-9000

CR2E034 (10/97)