

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90229 012 \*\*\*150.00

REVISED AT

**DOCUMENT # P13185**  
 1. Entity Name  
**TRETTCO, INC.**

Principal Place of Business      Mailing Address  
**39395 W. 12 MILE ROAD**      **39395 W. 12 MILE ROAD**  
**STE 101**      **STE 101**  
**FARMINGTON HILLS MI 48331**      **FARMINGTON HILLS MI 48331**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc. *Same*      Suite, Apt. #, etc. *Same*  
 City & State      City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**38-1793419**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back).

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KING, JOHN H.</b> <b>6567 CLAREMIORE COURT</b> <b>WEST BLOOMFIELD MI 48322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SWEENEY, THOMAS F</b> <b>3300 GAURDIAN BLDG</b> <b>DETROIT MI</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>COUSINS, GEORGE A.(ASST)</b> <b>2050 BLUE STONE LANE</b> <b>COMMERCE MI 48390</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FOURNIER, JERRY L.</b> <b>28899 OAK POINT</b> <b>FARMINGTON HILLS MI</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRIPLETT, WILLIAM W.</b> <b>1021 W. CALLE BONITA</b> <b>TUCSON AZ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KING, JOHN H.</b> <b>18459 CLAREMONT CIRCLE EAST</b> <b>NORTHVILLE TWP, MI 48167</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: *1/26/02*      Daytime Phone #: *248-324-9500*

CR2E034 (9/01)

B0025439

Attachment

**DIRECTORS AND OFFICERS**

#P13185

John H. King, Jr.

18459 Clairmont Circle East  
Northville Twp., MI 48167  
President/Director

George A. Cousins

2050 Blue Stone Lane  
Commerce, MI 48390  
V.P./Treasurer & Asst. Secretary

Jerry L. Fournier

28899 Oak Point  
Farmington Hills, MI 48331  
Exec.Vice President

William W. Triplett

1021 W. Calle Bonita  
Tucson, AZ 85704  
CEO/Director

Thomas F. Sweeney

255 S. Woodward Ave, Ste.301  
Birmingham, MI 48009  
Secretary/Director

Robert A. Wills

7185 Silverbeech Lane  
West Bloomfield, MI 48301  
V.P./Operations