

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

FILED
Apr 22 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 # P14817 (1)

1. Corporation Name
CHAMPION HOME BUILDERS CO.



Principal Place of Business SUITE 300, 2701 UNIVERSITY DRIVE AUBURN HILLS MI 48326	Mailing Address SUITE 300, 2701 UNIVERSITY DRIVE AUBURN HILLS MI 48326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1987	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 38-2744984	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				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	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WALTER R JR	1.2 NAME	
STREET ADDRESS	STE 300 2701 UNIVERSITY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VOID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALIUS, LOUIS M.	2.2 NAME	JOHN J. COLLINS, JR.
STREET ADDRESS	#300, 2701 UNIVERSITY DR	2.3 STREET ADDRESS	#300 2701 UNIVERSITY DR
CITY-ST-ZIP	AUBURN HILLS MI	2.4 CITY-ST-ZIP	AUBURN HILLS MI 48326
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUT, JACQUELINE A	3.2 NAME	
STREET ADDRESS	#300, 2701 UNIVERSITY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG JR., WALTER R.	4.2 NAME	
STREET ADDRESS	#300, 2701 UNIVERSITY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, COLLEEN T	5.2 NAME	
STREET ADDRESS	#300, 2701 UNIVERSITY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI	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	

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 *Colleen T Bauman* *John J Collins, Jr.* *Walter R Young* **414.100 (408) 210-7753**

CR2E034 (10/97)