

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90097 020 \*\*\*150.00

**DOCUMENT # P14817**  
 1. Entity Name  
**CHAMPION HOME BUILDERS CO.**

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

2. Principal Place of Business <b>2701 CAMBRIDGE CT</b>	3. Mailing Address <b>2701 CAMBRIDGE CT</b>
Suite, Apt. #, etc. <b>SUITE 300</b>	Suite, Apt. #, etc. <b>SUITE 300</b>
City & State	City & State
Zip	Country

4. FEI Number <b>38-2744984</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
State <b>FL</b>
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, 2001 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 SURLES, PHILIP C 2701 UNIVERSITY DR STE 300 AUBURN HILLS MI 48326</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD COLLINS, JOHN J JR #300, 2701 UNIVERSITY DR AUBURN HILLS MI 48326</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO STEGMAYER, JOSEPH H 2701 UNIVERSITY DR STE 300 AUBURN HILLS MI 48326</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD YOUNG JR., WALTER R. #300, 2701 UNIVERSITY DR AUBURN HILLS MI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BAUMAN, COLLEEN T #300, 2701 UNIVERSITY DR AUBURN HILLS MI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT PAUL, JIMMY 2701 UNIVERSITY DR STE 300 AUBURN HILLS MI 48326</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2701 CAMBRIDGE CT, SUITE 300</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2701 CAMBRIDGE CT, SUITE 300</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T BENRUBI, STEVEN H. 2701 CAMBRIDGE CT, SUITE 300 AUBURN HILLS, MI 48326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2701 CAMBRIDGE CT, SUITE 300</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2701 CAMBRIDGE CT, SUITE 300</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2701 CAMBRIDGE CT, SUITE 300</b>

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: **Jimmy PAUL** 4/17/01 (248) 340-7753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
838631

**CHAMPION HOME BUILDERS CO.**

D14817

**BOARD OF DIRECTORS**

Walter R. Young, Jr.

John J. Collins, Jr.

Philip C. Surles

**OFFICERS**

<b><u>Name</u></b>	<b><u>Title</u></b>
Philip C. Surles	President
Ed Bryant	Vice President
John J. Collins, Jr.	Vice President, Secretary & General Counsel
Anthony S. Cleberg	Chief Financial Officer
Colleen T. Bauman	Assistant Secretary
Steven H. Benrubi	Treasurer
Jimmy Paul	Assistant Treasurer

**ADDRESS**

The address for all of the above individuals is:

**2701 Cambridge Court, Suite 300  
Auburn Hills, MI 48326**