

# 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

DOCUMENT # P16789 (O)

1. Corporation Name

EERDMANS PRINTING COMPANY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:42

Principal Place of Business

231 JEFFERSON AVE. S.E.  
GRAND RAPIDS MI 49503

Mailing Address

231 JEFFERSON AVE. S.E.  
GRAND RAPIDS MI 49503

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
11/13/1987

3a. Date of Last Report  
02/09/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

38-1713007

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COALSON, LANCE  
4840 TOWER ROAD  
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
4909 North Monroe Street

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

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                    |
| NAME           | EERDMANS, WM. B., JR. |
| STREET ADDRESS | 255 JEFFERSON S.E.    |
| CITY-ST-ZIP    | GRAND RAPIDS MI       |
| TITLE          | VTD                   |
| NAME           | VANDER KAM, CLAIRE    |
| STREET ADDRESS | 255 JEFFERSON S.E.    |
| CITY-ST-ZIP    | GRAND RAPIDS MI       |
| TITLE          | V                     |
| NAME           | BEDNARSKY, FRANK V.   |
| STREET ADDRESS | 231 JEFFERSON S.E.    |
| CITY-ST-ZIP    | GRAND RAPIDS MI       |
| TITLE          | S                     |
| NAME           | VANDER KAM, CLAIRE    |
| STREET ADDRESS | 255 JEFFERSON S.E.    |
| CITY-ST-ZIP    | GRAND RAPIDS MI       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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:

*Claire E. Vander Kam*

Mr. Claire E. Vander Kam, Vice-President/Treasurer

1/16/95

(616) 451-0763