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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:30

DOCUMENT # P19974 (5)

1. Corporation Name
ONIKA CORPORATION

Principal Place of Business	Mailing Address
C/O GEORGE A. STRAITOR 1201 PARKLANE TOWERS W. DEARBORN MI 48126	C/O GEORGE A. STRAITOR 1201 PARKLANE TOWERS W. DEARBORN MI 48126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/08/1988
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 38-2807402 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

TODD, RICHARD
1601 S.E. 16TH STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALANDT, PAUL	1.2 NAME	
STREET ADDRESS	635 LAKESHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE PT SHORES MI	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	ALANDT, LYNN F.	2.2 NAME	
STREET ADDRESS	635 LAKESHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE PT SHORES MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ALANDT, LYNN F.	3.2 NAME	
STREET ADDRESS	635 LAKESHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE PT SHORES MI	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	HEMPSTEAD, DAVID M.	4.2 NAME	
STREET ADDRESS	RENAISSANCE CENTER, FL34	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	TODD, RICHARD	5.2 NAME	
STREET ADDRESS	160 S.E. 16TH STREET	5.3 STREET ADDRESS	1601 Southeast 16th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33316
TITLE	AT	6.1 TITLE	☐ Change ☐ Addition
NAME	CUNDIFF, RICHARD	6.2 NAME	
STREET ADDRESS	1201 PARK LANE TOWER W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN MI	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 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: Richard W. Todd Richard W. Todd V-P 2/16/95 305-763-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0470643 FP