# 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 MAY -1 PM 12:46

DOCUMENT # P20421 (4)

1. Corporation Name
AMERITECH INDUSTRIAL INFOSOURCE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 100 E. BIG BEAVER RD.<br>TROY MI 48083 | 100 E. BIG BEAVER RD<br>TROY MI 48083 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: 100 E. BIG BEAVER RD.
Suite, Apt. #, etc.
27: 7TH FLOOR
City & State
28: TROY, MI
Zip / Country
29: 48038 30:

4. FEI Number: 38-2788958 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83:
84 City: PLANTATION FL 85 Zip Code: 33324

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: PETER F. SOUZA ASSISTANT SECRETARY 5/26/95
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (Signature of New Registered Agent required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | SHIRAR, STEVEN | 12 NAME | | |
| STREET ADDRESS | 100 E. BIG BEAVER. 2ND FL | 13 STREET ADDRESS | VACANT | |
| CITY-ST-ZIP | TROY MI | 14 CITY-ST-ZIP | | |
| TITLE | S | 21 TITLE | S | ☒ Change ☐ Addition |
| NAME | IANNATTI, DANIEL V. | 22 NAME | Daniel V. Iannotti | |
| STREET ADDRESS | 100 E. BIG BEAVER RD. | 23 STREET ADDRESS | 100 E. BIG BEAVER RD. | |
| CITY-ST-ZIP | TROY MI | 24 CITY-ST-ZIP | TROY, MI 48038 | |
| TITLE | D | 31 TITLE | D | ☒ Change ☐ Addition |
| NAME | GRIVNER, CARL J | 32 NAME | Peter J. McDonald | |
| STREET ADDRESS | 100 E. BIG BEAVER, 15TH FLOOR | 33 STREET ADDRESS | 100 E. BIG BEAVER RD. | |
| CITY-ST-ZIP | TROY MI | 34 CITY-ST-ZIP | TROY, MI 48038 | |
| TITLE | AT | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | BARRY, MICHAEL J. | 42 NAME | | |
| STREET ADDRESS | 100 E. BIG BEAVER RD. | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | TROY MI | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | REMITTED BY MAY 1 | |
| CITY-ST-ZIP | | 64 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: [signature] 4/28/95 (Date) 810 529-7658 (Telephone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Daniel V. Iannotti, Secretary

0460904 FP