

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90015 038 \*\*\*150.00

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|                                                                                                         |         |                                                                                             |         |
|---------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P20429</b>                                                                                |         |                                                                                             |         |
| 1. Entity Name<br><b>AMERICAN SEATING COMPANY</b>                                                       |         |                                                                                             |         |
| Principal Place of Business<br><b>401 AMERICAN SEATING CENTER<br/>GRAND RAPIDS MI 49504-1499<br/>US</b> |         | Mailing Address<br><b>401 AMERICAN SEATING CENTER<br/>GRAND RAPIDS MI 49504-1499<br/>US</b> |         |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                               |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                               |         |
| City & State                                                                                            |         | City & State                                                                                |         |
| Zip                                                                                                     | Country | Zip                                                                                         | Country |

**701063**



DO NOT WRITE IN THIS SPACE

|                                                                                                                                          |  |                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number <b>38-2739629</b>                                                                                                          |  | Applied For<br><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<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                                                                                                          |                                                                                                                                         |                                                                                   |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|

| 11. OFFICERS AND DIRECTORS                         |                                                                                                                | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>CLARK, EDWARD J.<br/>1930 LAKE DRIVE, SE<br/>GRAND RAPIDS MI</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V<br/>KEARNEY, T S<br/>2654 ARABIAN CT UNIT 1-A<br/>SOUTH BEND IN 46628</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>BRADLEY, CHARLES E.<br/>31 INDIAN SPRING DR.<br/>DARIEN CT</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VTSD<br/>BUSH, THOMAS E<br/>5805 FOREST GLENN<br/>ADA MI 49301</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DV<br/>WEENER, BRUCE R.<br/>284 CYPRESS AVE.<br/>HOLLAND MI</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DV<br/>ROBERT J. WACKERLIN<br/>2561 PEBBLE BROOK SE<br/>GRAND RAPIDS MI</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)