FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21528

(5)

AE CLEVITE INC.

FILED
Apr 28 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address												
325 E EISENHOWER ANN ARBOR MI 48108 US		\$	777 EISENHOWER PARKWAY STE 600 ANN ARBOR MI 48108-3258									
			U\$			3.	Date Incorporated or Qualified 10/28/1988	3a. Date of Last Report 05/01/1996				
2. Principal Place of Business 21 Suite, Apr. #, etc.			2a. Mailing Address				4.	FEI Number	***************************************	Т	Applied For	
			26 Suite, Apt. #, etc.					38-2719472		Not App	Not Applicable	
								Certificate of Status Desired		\$8.75 Additional Fee Required		
23	City & Stale	28	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Zip Country 25	_ 			ountry			This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9, Name and Address of Current Registered Agent CT CORPORATION SYSTEM							10. Name and Address of New Registered Agent					
					81	Name						
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82	Street Address (P.O. Box Number is Not Acceptable)								
					83							
				}	84	City			FI	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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tale if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TO LE JERRY A. MCCABE NAME 1.2 NAML 325 E. EISENHOWER PKWY STREET ADDRESS 1.3 STREET ADDRESS ANN ARBOR MI CITY-ST-ZIP 14 CITY-\$1-7IP DELETE Change ___ Addition TITLE 2.1 TITLE WASHBISH, JOHN R 2.2 NAME NAME 325 E. EISENHOWER PKWY 2.3 STREET ADDRESS STREET ADDRESS ANN ARBOR MI CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE BROWN, DONNA L NAME 3.2 NAME 777 EISENHOWER PARKWAY STE 600 STREET ADDRESS 3.3 STREET ADDRESS ANN ARBOR MI CITY-ST-ZIP 3.4 CHY-ST-ZIP DELETE Change Addition 4.1 TITLE KELLER, JAMES D NAME 4.2 NAME 777 EISENHOWER PKWY STE 600 STREET ADDRESS 4.3 STHEE? ADDRESS ANN ARBOR MI CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 51 TITLE DIEHL, SUSAN M 5.2 NAME 777 EISENHOWER PKWY - STE 600 STREET ADDRESS 5.3 STREET ADDRESS ANN ARBOR MI CITY-ST-ZIP 5 4 CITY - \$1 - 7IP DELFTE 6.1 TITLE Addition **RODNEY ASHBY-JOHNSON** NAME 6.2 NAME STREET ADDRESS **BOWDON HOUSE ASHBURTON RD., W. TRAFFORD PK** CITY-ST-ZIP

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

Danna 2 Brios

Poona L. Bown 4-21-97

313-663-6049