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

APPROVED AND FILED

95 APR 20 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26618** **(9)**

1. Corporation Name
NATIONAL SEMI-TRAILER CORP.

Principal Place of Business	Mailing Address
6015 PARDEE ROAD TAYLOR MI 48180	6015 PARDEE ROAD TAYLOR MI 48180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/26/1989**
3a. Date of Last Report: **05/11/1994**

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

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **38-2148290** ☐ 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

MACKEY, SCOTT
1455 W LANDSTREET RD
ORLANDO FL 32824

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	BROMLEY, RANDALL E.	1.2 NAME	BROMLEY, RANDALL E.	
STREET ADDRESS	4815 WYLIE	1.3 STREET ADDRESS	8230 AMBROSE COVE WAY	
CITY-ST-ZIP	DEXTER MI	1.4 CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BROMLEY, JOSEPH C.	2.2 NAME		
STREET ADDRESS	3013 LINDENWOOD DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DEARBORN MI	2.4 CITY-ST-ZIP		
TITLE	DO	3.1 TITLE		☒ Change ☐ Addition
NAME	HOWELL, CRAID R	3.2 NAME	HOWELL, CRAIG R.	
STREET ADDRESS	44808 HUNMTINGTON	3.3 STREET ADDRESS	25730 ARCADIA	
CITY-ST-ZIP	NOVI MI	3.4 CITY-ST-ZIP	NOVI MI 48374	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BURNETT, LOUIS	4.2 NAME		
STREET ADDRESS	6015 PARDEE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAYLOR MI	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CLEMENTE, JOSEPH	5.2 NAME		
STREET ADDRESS	6015 PARDEE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAYLOR MI	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 fiduciary 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: X Craig R Howell Exec Vice Pres 4/11/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344888 CF