

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 MAY -9 PM 4: 10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P28052** (9)

1. Corporation Name
DETROIT DIESEL REALTY, INC.

Principal Place of Business
**13400 OUTER DRIVE. W.
 DETROIT MI 48239**

Mailing Address
**13400 OUTER DRIVE. W.
 DETROIT MI 48239**

3. Date Incorporated or Qualified 02/02/1990	3a. Date of Last Report 03/31/1995
4. FEI Number 38-2896212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of the person making this statement

Signature of the Registered Agent (Required for Change of Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	KOCI, LUDVIK F.	
STREET ADDRESS	13400 OUTER DRIVE W	
CITY-ST-ZIP	DETROIT MI	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRUBB, LELAND L., JR.	
STREET ADDRESS	13400 OUTER DRIVE W	
CITY-ST-ZIP	DETROIT MI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FARMER, JOHN F.	
STREET ADDRESS	13400 OUTER DRIVE W	
CITY-ST-ZIP	DETROIT MI	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	DWORACK, NELSON A.	
STREET ADDRESS	13400 OUTER DRIVE W	
CITY-ST-ZIP	DETROIT MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	500001827835
4. CITY-ST-ZIP	-05/17/96--01121--022
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	****675.00 ****225.00
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	V/D
15. STREET ADDRESS	J. RANDALL LAWRENCE
16. CITY-ST-ZIP	13400 OUTER DRIVE WEST
17. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	DETROIT, MI 48239-4001
19. STREET ADDRESS	T
20. CITY-ST-ZIP	DANIEL J. MCENROE
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	13400 OUTER DRIVE WEST
23. STREET ADDRESS	DETROIT, MI 48239-4001
24. CITY-ST-ZIP	SCC 5-9-96

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)(k), 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:

John F. Farmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John F. Farmer, Vice President & Secretary

5/8/96

(313) 592-5703

CR2E034 (12/95)