

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28090** (9)

1. Corporation Name
WICKES MANUFACTURING COMPANY



Principal Place of Business
**26261 EVERGREEN RD
SOUTHFIELD MI 48076-447
US**

Mailing Address
**701 MCCULLOUGH DRIVE
STE 102
CHARLOTTE NC 28262
US**

3. Date Incorporated or Qualified **02/13/1990** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business
21 **701 McCullough Drive**

2a. Mailing Address
26 **701 McCullough Drive**

4. FEI Number **95-4001211**

22 Suite, Apt. #, etc.
27

23 City & State
Charlotte, NC

28 City & State
Charlotte, NC

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **28262** 25 Country **U.S.** 29 Zip **28262** 30 Country **U.S.**

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
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AVP	<input type="checkbox"/> DELETE
NAME	ORGAIN, JOHN B IV	
STREET ADDRESS	701 MCCULLOUGH DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KLEMENS, RONEY W	
STREET ADDRESS	26261 EVERGREEN RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILIPP, ELIZABETH R	
STREET ADDRESS	210 MADISON AVE - 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	ASAT	<input checked="" type="checkbox"/> DELETE
NAME	KORN, STEVEN	
STREET ADDRESS	701 MCCULLOUGH DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT L JR	
STREET ADDRESS	701 MCCULLOUGH DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WHITE, EUGENE A	
STREET ADDRESS	701 MCCULLOUGH DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Orgain, John B. IV	
13 STREET ADDRESS	701 McCullough Drive	
14 CITY-ST-ZIP	Charlotte, NC 28262	
21 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Gask, Sheila	
23 STREET ADDRESS	701 McCullough Drive	
24 CITY-ST-ZIP	Charlotte, NC 28262	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: Eugene A. White 4/27/96 704-548-2358
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month & Year

CR2E034 (12/95)