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 MAY -1 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29198 (9)

1. Corporate Name

CRAIN ASSOCIATED ENTERPRISES, INC.

Principal Place of Business	Mailing Address
500 N DEARBORN ST CHICAGO IL 60610 US	1400 WOODBRIDGE ST DETROIT MI 48207-110 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1990

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 36-2637009 — Applied For / Not Applicable

Suite, Apt. # etc. (22) (27)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) County (25) Zip (29) County (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOOS, ROBERT ROUTE 5, BOX 183 E BIG PINE KEY FL 33043	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 Section 607.0502 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☒ Change ☐ Addition
NAME	GOLDSTEIN, EDWIN	NAME	
STREET ADDRESS	500 N. DEARBORN ST.	STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	CITY ST ZIP	ZIP 60610
TITLE	SD	TITLE	☒ Change ☐ Addition
NAME	CRAIN, GERTRUDE R.	NAME	
STREET ADDRESS	740 N. RUSH ST.	STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	CITY ST ZIP	ZIP 60611
TITLE	T	TITLE	TD ☒ Change ☐ Addition
NAME	MORROW, WILLIAM A.	NAME	
STREET ADDRESS	1400 WOODBRIDGE AVE.	STREET ADDRESS	
CITY ST ZIP	DETROIT MI	CITY ST ZIP	ZIP 48207
TITLE	D	TITLE	VD ☒ Change ☐ Addition
NAME	CRAIN, KEITH E.	NAME	
STREET ADDRESS	1400 WOODBRIDGE AVE.	STREET ADDRESS	
CITY ST ZIP	DETROIT MI	CITY ST ZIP	ZIP 48207
TITLE	D	TITLE	VD ☒ Change ☐ Addition
NAME	CRAIN, RANCE E.	NAME	
STREET ADDRESS	220 E. 42ND ST.	STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	CITY ST ZIP	ZIP 10017
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 13 above, or on an attachment with an address.

SIGNATURE: William A Morrow Treasurer 4/26/95 313/446-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476475 FP