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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P29198** **(9)**

1. Corporation Name
CRAIN ASSOCIATED ENTERPRISES, INC.

Principal Place of Business	Mailing Address
500 N DEARBORN ST CHICAGO IL 60610 US	1400 WOODBRIDGE ST DETROIT MI 48207-3110 US

3. Date Incorporated or Qualified: 05/03/1990
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 36-2637009 ☐ 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

SOOS, ROBERT
ROUTE 5, BOX 183 E
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name: Soos, Robert
82 Street Address (P.O. Box Number is Not Acceptable): 30336 Overseas Highway
83
84 City: Big Pine Key FL 85 Zip Code: 33043-3352

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	PD ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	GOLDSTEIN, EDWIN	1.2 NAME	
STREET ADDRESS	500 N. DEARBORN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	ZIP 60610-9988
TITLE	SD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRAIN, GERTRUDE R.	2.2 NAME	
STREET ADDRESS	740 N. RUSH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME	MORROW, WILLIAM A.	3.2 NAME	
STREET ADDRESS	1400 WOODBRIDGE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	3.4 CITY-ST-ZIP	ZIP 48207-3187
TITLE	D ☐ DELETE	4.1 TITLE	VD ☐ Change ☒ Addition
NAME	CRAIN, KEITH E.	4.2 NAME	
STREET ADDRESS	1400 WOODBRIDGE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	ZIP 48207-3187
TITLE	D ☐ DELETE	5.1 TITLE	VD ☐ Change ☒ Addition
NAME	CRAIN, RANCE E.	5.2 NAME	
STREET ADDRESS	220 E. 42ND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	ZIP 10017-5846
TITLE	☐ DELETE	6.1 TITLE	T ☐ Change ☒ Addition
NAME		6.2 NAME	Marantette, Thomas M.
STREET ADDRESS		6.3 STREET ADDRESS	1400 Woodbridge Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Detroit, MI 48207-3187

CR2E034 (9/96)

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 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: William Marantette SECRETARY 4/28/97 313/446-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490210