

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:00

DOCUMENT # P30330 (5)
1. Corporation Name
ATTWOOD CORPORATION

Principal Place of Business Mailing Address
1016 N. MONROE 1016 N. MONROE
LOWELL MI 49331 LOWELL MI 49331

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/06/1990 3a. Date of Last Report 05/01/1994
4. FEI Number 38-0313380 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

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 Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	ROCHELEAU, D.
STREET ADDRESS	1025 PLYMOUTH RD SE
CITY - ST - ZIP	GRAND RAPIDS MI
TITLE	V
NAME	HAECK, LEWIS
STREET ADDRESS	337 DOGWOOD NE
CITY - ST - ZIP	ADA MI
TITLE	SVP
NAME	BUMGARNER, ROGER
STREET ADDRESS	7443 BUCCAANEER DR
CITY - ST - ZIP	GRAND RAPIDS MI
TITLE	VP
NAME	TAUGHER, STEVEN M
STREET ADDRESS	2085 ISLAND DR
CITY - ST - ZIP	WAYLAND MI
TITLE	ST
NAME	HAVEMAN, BRUCE M.
STREET ADDRESS	1215 GLENAIRE, NW
CITY - ST - ZIP	GRAND RAPIDS MI
TITLE	ATD
NAME	ROUGIER-CHAPMAN, ALWYN
STREET ADDRESS	2018 SAN LU RAE DR., SE
CITY - ST - ZIP	GRAND RAPIDS MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 4 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

Bruce M. Haveman
BRUCE M. HAVEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95 616-897-2250
DATE SYSTEM FEES #