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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morlham

Secretary of State
DIVISION OF CORPORATIONS

1996

P30330

(5)

| DOCUMENT : 1. Corporation Name | # | P3 |
|-----------------------------------|------|------|
| ATTWOOD COR | PORA | TION |

| Principal Place of | Business | Ma | iling Address | | | | | | | | |
|------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|-------------|-------------------|-----------------|--------------------|-----------------------------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|
| 1016 N. MONE LOWELL MI 49 | | | 1016 N. MONROE LOWELL MI 49331 | | | | | | | | |
| CONTEL MI 40 | | | | | | | | 3. Date incorporated or Qualified 07/06/1990 | | of Last Rep 2/22/199 | |
| 2. Principal Plac | e of Business | 2a. | Mailing Address | | | | | 4. FEI Number 38-0313380 | | | oplied For ot Applicable |
| Suite, Apt.#. | elo | 27 | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | | 28 | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | | Zip | ├ ─┐ | Country | | | 8. This corporation has liability for Florida Statutes Yes | intangible ta | x under s | 199.032, |
| 24 | 25 | 29 | A A Amond | 30 | | | | 10. Name and Address of New F | | Agent | |
| | 9. Name and Address of Cur | rent Hegis | tered Agent | | 81 | Na | ne | To. Hamb and Hadres of The | | | |
| | | | | | " | | - | | | | |
| | PORATION SYSTEM | | | | 82 | Stre | et Addr | ess (P.O. Box Number is Not Acceptat | ole) | | |
| | PINE ISLAND ROAD | | | | 83 | | | | | | |
| PLANIA | TION FL 33324 | | | | | | | | | Tee 7:0 | Codo |
| | | | | | 84 | Cit; | ' | | FL | 85 Zip | Code |
| | the provisions of Sections 607.0 d agent, or both, in the State of F , and accept the obligations of S | | | | above- he corp | name coratic | d corpo n's boa | ration submits this statement for the pured of directors. I hereby accept the app | irpase of cha pointment as | anging its re registered | egistered offi agent. I am |
| SIGNATURE . | lyral in: typical or printed name of registers: | a wot and Hierf | arasis aras (N | OTE Ringist | lered Age | nntsgræ | hure regions | id when rainstating) | DATE | | |
| 12, | OFFICERS | | | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AND | DIRECTO | |
| THE | DC | | ☐ DELETE | 1 | . 1 TITLE | | | | I | Change | Addition |
| NAME | ROCHELEAU, D. | | | 1 | 2 NAME | | - 1 | | | | |
| STREET ADDRESS | 1025 PLYMOUTH RD SE | | | 1 | 1.3 STREE | T ADDR | SS | | | | |
| 0:1Y-S1-7P | GRAND RAPIDS MI | | | 1 | 14 CITY- | S! - ZIP | <u> </u> | | | | - 4.055 |
| Tiruf | V | | DELETE | 2 | 2 1 TITLE | | | | İ | Change | ☐ Additio |
| NAMÉ | HAECK, LEWIS | | | 2 | 2 2 NAME | | | | | | |
| STREET ADDRESS | 337 DOGWOOD NE | | | 1 2 | 2 3 STREE | 1 ADDE | ESS | | | | |
| CITY ST-7IP | ADA MI | | | | 2 4 CITY - | ST-ZIF | | | | | - 132°- |
| 101LE | SVP | | DELETE | 3 | 3 1 TITLE | | | | | ☐ Change | ☐ Additio |
| NAMt | BUMGARNER, ROGER | | | j : | 3 2 NAME | | | | | | |
| STREET ACORESS | 7443 BUCCANEER DR | | | 1: | 3 3 STREI | ET AODE | ESS | | | | |

CITY \$1-78? GRAND RAPIDS MI 64 CITY-\$1-72.9

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 Black 12 or Black 13 if changed, or prift in alreadment with an address.

3 4 CITY - ST - ZIF

43 STHEET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CHY-\$1-ZP

4.4 CITY - ST-ZIP

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

CHY-ST ZIP

SERGET ADDRESS

STREET ADDRESS

SPREED ADDRESS.

C-1Y - S1 - 7 P

 $CL_{A},\,\, RL/M_{\odot}$

THEF

NAME

THE

NAME

TITLE

NAME

GRAND RAPIDS MI

2085 ISLAND DR

WAYLAND MI

ST

TAUGHER, STEVEN M

HAVEMAN, BRUCE M.

1215 GLENAIRE, NW

ROUGIER-CHAPMAN, ALWYN

2018 SAN LU RAE DR., SE

GRAND RAPIDS MI

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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DELETE

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