

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90243 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P30330

1. Corporation Name  
**ATTWOOD CORPORATION**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **07/06/1990**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ROCHELEAU, D.	
STREET ADDRESS	1025 PLYMOUTH RD SE	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAECK, LEWIS	
STREET ADDRESS	337 DOGWOOD NE	
CITY-ST-ZIP	ADA MI	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BUMGARNER, ROGER	
STREET ADDRESS	7443 BUCCANEER DR	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAUGHER, STEVEN M	
STREET ADDRESS	12721 MARSH RD #A	
CITY-ST-ZIP	SHELBYVILLE MI 49344	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HAVEMAN, BRUCE M.	
STREET ADDRESS	1215 GLENAIRE, NW	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	ATD	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	see attached listing
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	see attached listing
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 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, with all other like empowered.

SIGNATURE: Peter D. Zimmer *[Signature]* 3/29/99 616-897-2307  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

537962-90243-30  
Doc # P30330

March 29, 1999

ATTWOOD CORPORATION OFFICERS AND DIRECTORS

William P. Crawford, Director  
7091 Conservation, NE  
Ada, MI 49301

Lewis Haeck, Director & President  
337 Dogwood, NE  
Ada, MI 49301

Donald Rocheleau, Director and Chairman  
1025 Plymouth Road, SE  
E. Grand Rapids, MI 49506

Alwyn Rogier-Chapman, Assistant Treasurer  
2018 San Lu Rae Drive, SE  
Grand Rapids, MI 49506

Peter D. Zimmer, Director & Vice President, Finance, and Secretary & Treasurer  
7460 Steeplebush Lane  
Belmont, MI 49306

Roger Bumgarner, Senior Vice President, Manufacturing  
7443 Buccaneer Drive  
Grand Rapids, MI 49546

Thomas Powell, Vice President, Human Resources & Assistant Secretary  
1193 Troon Court  
Grand Rapids, MI 49546

Clifton J. Ratza, Vice President, Engineering  
1624 Tammarron, SE  
Grand Rapids, MI 49546

Steven M. Taugher, Vice President, Sales  
4281 E. Blue Lagoon  
Shelbyville, MI 49344