(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

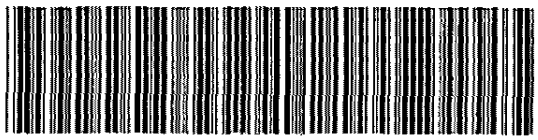
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100037716061

FILE NOW! AMOUNT DUE $61.25 OR CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 9, 1991.

CORPORATION

ANNUAL REPORT
1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

AUG27'91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # P30330 (5)

ZIP + 4 PRESORT

REPORT
ATTWOOD CORPORATION
1016 N. MONROE
LOWELL, MI 49331-1167

AUG 2 1991

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
07/06/1990	38-0313380	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
1	P/D	ROCHELEAU, D.	2567 RIVEREDGE DRIVE SE	GRAND RAPIDS, MI
2	V	HAECK, LEWIS	337 DOGWOOD NE	ADA, MI
3	V	BUMGARNER, ROGER	P.O. BOX 421	GRAND RAPIDS, MI
4	V	KRESS, ROBERT	2645 BERWYCK, SE	GRAND RAPIDS, MI
5	S/T	HAVEMAN, BRUCE M.	1215 GLENAIRE, NW	GRAND RAPIDS, MI
6	A/T/D	ROUGIER-CHAPMAN, ALWYN	2018 SAN LU RAE DR., SE	GRAND RAPIDS, MI

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION, FL 33324

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

85 Zip Code

FL.

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508 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
(If Requested Agent Accepting Appointment)

10. I 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; I further certify 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 or 617, Florida Statutes; and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE Bruce M. Haveman DATE 8/22/91

Typed Name of Signing Officer or Director	Title	Telephone Number Daytime
Bruce M. Haveman	Treasurer	(616) 897-2307

FILING FEE OF $61.25 REQUIRED — Make Checks Payable To: Secretary of State — $8.75 Additional Fee required for a Certificate of Status