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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

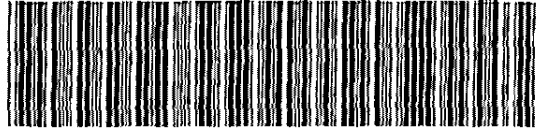
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**File Now. Filing Fee after May 1 is \$225.00**

**CORPORATION  
ANNUAL REPORT  
1993**



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

FORM 1-13

APPROVED  
SEC. OF STATE  
JAMES G. HARRIS  
TALLAHASSEE, FLA.  
32303

1. Name and Mailing Address of Corporation: **DOCUMENT # P30330 (5)**  
**ATTWOOD CORPORATION**  
**1016 N MONROE ST**  
**LOWELL MI 49331-1167**

2. Mailing Address  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

2a. Principal Place of Business  
25 State, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country

3. Date Incorporated or Qualified: **07/06/1990**  
3a. Date of Last Report: **07/15/1992**  
4. Filing Fee: **\$200.00**  
ANNUAL REPORT \$81.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE  
5. Certificate of Status Desired: **380313380**  
6. Election Campaign Financing Trust Fund Contribution:   
7. Nonprofit with 115 or 119 Tax Exempt Status:   
8. This corporation has liability for intangible tax under 6-19 Florida Statutes:  Yes  No

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 & Not Acceptable)  
83  
84 City  
85 Zip Code  
86 Territory

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1500, Florida Statutes, the above named corporation hereby certifies that the information for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such changes as authorized by the corporation's board of directors, hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11 TITLE	P/O
12 NAME	ROCHELEAU, D.
13 ADDRESS	2567 RIVEREDGE DRIVE-SE
14 CITY-ST-ZIP	GRAND RAPIDS MI
21 TITLE	V
22 NAME	HAECK, LEWIS
23 ADDRESS	337 DOGWOOD NE
24 CITY-ST-ZIP	ADA MI
31 TITLE	V
32 NAME	BURGARNER, ROGER
33 ADDRESS	P.O. BOX 421
34 CITY-ST-ZIP	GRAND RAPIDS MI
41 TITLE	V
42 NAME	KRESS, ROBERT
43 ADDRESS	2645 BERNYCK, SE
44 CITY-ST-ZIP	GRAND RAPIDS MI
51 TITLE	S/T
52 NAME	HAVEMAN, BRUCE M.
53 ADDRESS	1215 OLENAIRE, NW
54 CITY-ST-ZIP	GRAND RAPIDS MI
61 TITLE	A/T/O
62 NAME	ROUGIER-CHAPMAN, ALWYN
63 ADDRESS	2018 SAN LU RAE DR., SE
64 CITY-ST-ZIP	GRAND RAPIDS MI

13. OFFICERS AND DIRECTORS CHANGES

11 TITLE	P/O
12 NAME	Rocheleau, D
13 ADDRESS	3312 South Creek, Apt 301
14 CITY-ST-ZIP	Kentwood, MI 49512
21 TITLE	
22 NAME	
23 ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 ADDRESS	
64 CITY-ST-ZIP	

\* See copy for complete listing of officers/directors.

14. 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 I had signed the report. Further, I certify that I am an officer or director of the corporation of the receiver of this report and that I have been authorized to execute this report as required by 135a or 135b of the Florida Statutes, and that my signature appears in the report on the signature page or on an attachment with an address.

SIGNATURE Bruce M. Haveman DATE 4-23-93  
Print/Type Name of Signing Officer or Director: Bruce M. Haveman Title: Vice President of Finance Register Filing Fee Number: (616) 897-9241