(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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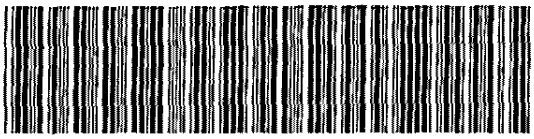

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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:09

DOCUMENT # P30330 (5)

1. Corporation Name
ATTWOOD CORPORATION

Principal Place of Business
1016 N. MONROE
LOWELL MI 49331

Mailing Address
1016 N. MONROE
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

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

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 X 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 is Not Acceptable)
83
84 City FL 85

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 and agree to comply with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	DC	1.1 TITLE	
NAME	ROCHELEAU, D.	1.2 NAME	
STREET ADDRESS	1025 PLYMOUTH RD SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	HAECK, LEWIS	2.2 NAME	
STREET ADDRESS	337 DOGWOOD NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ADA MI	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	
NAME	BUMGARNER, ROGER	3.2 NAME	
STREET ADDRESS	7443 BUCCANEER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	TAUGHER, STEVEN M	4.2 NAME	
STREET ADDRESS	2085 ISLAND DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MI	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	HAVEMAN, BRUCE M.	5.2 NAME	
STREET ADDRESS	1215 GLENAIRE, NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	5.4 CITY-ST-ZIP	
TITLE	ATD	6.1 TITLE	
NAME	ROUGIER-CHAPMAN, ALWYN	6.2 NAME	
STREET ADDRESS	2018 SAN LU RAE DR., SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Bruce M. Haveman 3/15/95 616-897-2250

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