

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31789 (1)  
1. Corporation Name  
MERILLAT CORPORATION



Principal Place of Business  
5353 W US 223  
ADRIAN MI 49221  
US

Mailing Address  
21001 VAN BORN RD.  
TAYLOR MI 48180  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1990	
21		26		4. FEI Number 38-2913618	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country		
29	Zip	30	Country		

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
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	COB	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERILLAT, RICHARD D.			1.2 NAME			
STREET ADDRESS	5353 WEST US 223			1.3 STREET ADDRESS			
CITY-ST-ZIP	ADRIAN MI			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AYERS, RONALD			2.2 NAME			
STREET ADDRESS	4353 WEST U S 223			2.3 STREET ADDRESS	5353 West US 223		
CITY-ST-ZIP	ADRIAN MI			2.4 CITY-ST-ZIP			
TITLE	VASD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSTELLER, RICHARD G.			3.2 NAME			
STREET ADDRESS	21001 VAN BORN RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAYLOR MI			3.4 CITY-ST-ZIP			
TITLE	TV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THURMAN, JOHN D.			4.2 NAME			
STREET ADDRESS	5353 WEST US 223			4.3 STREET ADDRESS			
CITY-ST-ZIP	ADRIAN MI			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNEDY, RAYMOND F			5.2 NAME			
STREET ADDRESS	21001 VAN BORN RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAYLOR MI			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DORAN, DAVID A			6.2 NAME			
STREET ADDRESS	21001 VAN BORN RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAYLOR MI			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.

David A. Doran 4/28/98 313/274-7400

CP2E034 (10/97)