

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P36137 (8)

1. Corporation Name

BELWITH INTERNATIONAL LTD. COMPANY



Principal Place of Business

PO BOX 127
GRANDVILLE MI 49468-0127
US

Mailing Address

PO BOX 127
GRANDVILLE MI 49468-0127
US

2. Principal Place of Business

21 4300 Gerald R. Ford Fwy

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Grandville, MI

27 Suite, Apt. #, etc.

28 City & State

Grandville, MI

24 Zip

49418

25 Country

US

29 Zip

30 Country

31 City

32 State

33 Zip Code

34 City

35 State

36 Zip Code

37 City

38 State

39 Zip Code

40 City

41 State

42 Zip Code

43 City

44 State

45 Zip Code

46 City

47 State

48 Zip Code

49 City

50 State

51 Zip Code

52 City

53 State

54 Zip Code

55 City

56 State

57 Zip Code

58 City

59 State

60 Zip Code

61 City

62 State

63 Zip Code

64 City

65 State

66 Zip Code

3. Date Incorporated or Qualified

10/30/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

95-2026086

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 has liability for intangible tax under s. 199.032,
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 is Not Acceptable)

83

84 City

85 State

86 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME FULTON, J A
STREET ADDRESS 955 GODFREY AVE
CITY-ST-ZIP GRAND RAPIDS MI

TITLE V ☐ DELETE

NAME KENNEDY, D.W.
STREET ADDRESS 4300 GERALD R FORD FWY
CITY-ST-ZIP GRANDVILLE MI

TITLE TS ☒ DELETE

NAME DE BRUNO, R M
STREET ADDRESS 4300 GERALD R FORD FWY
CITY-ST-ZIP GRANDVILLE MI

TITLE P ☐ DELETE

NAME PELLEY, M.
STREET ADDRESS 4300 GERALD R FORD FWY
CITY-ST-ZIP GRANDVILLE MI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME R. M. Miller
1.3 STREET ADDRESS 5 Winslow Rd
1.4 CITY-ST-ZIP Weston, CT 06883

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME D. M. Dampsy
3.3 STREET ADDRESS 25 Rowland Lane
3.4 CITY-ST-ZIP Ridgefield, CT 06877

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME EJ Bowers
5.3 STREET ADDRESS The Viewlands, Dunston
5.4 CITY-ST-ZIP Stafford, United Kingdom ST189AL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-97

Date

616-9314300

Daytime Phone #

CR2E034 (9/96)