FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR -8 PM 3:06

DOCUMENT # P36394 (5)

1. Corporation Name
RAPISTAN DEMAG CORP.

Principal Place of Business
507 PLYMOUTH AVENUE, N.E.
GRAND RAPIDS MI 49505

Mailing Address
507 PLYMOUTH AVENUE, N.E.
GRAND RAPIDS MI 49505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1991
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business 21
2a. Mailing Address 25
4. FEI Number: 38-3017636 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 26
Zip 29 Country 30
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 FL 85 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 _____ DATE
Signature, if any, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	☐ Change ☐ Addition
NAME	HIGH, RONALD J.	1.2 NAME	
STREET ADDRESS	990 ARLOA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE MI	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	METROS, PETE J.	2.2 NAME	
STREET ADDRESS	7055 RIVERWOOD LN SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, LAURENCE A.	3.2 NAME	
STREET ADDRESS	4586 HERSMAN SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	☐ Change ☐ Addition
NAME	MARCHIDO, WILLIAM F.	4.2 NAME	
STREET ADDRESS	5909 RAMSDELL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD MI	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	WOLTJER, BERNARD	5.2 NAME	
STREET ADDRESS	8216 BIRCHWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENISON MI	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	HORNING, THOMAS L.	6.2 NAME	
STREET ADDRESS	263 SHORE HAVE SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS FL	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: Ronald J. Hugh 2-28-95 616 451 6754
SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480068 FN