

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P36394 (5) 1. Corporation Name MANNESMANN DEMATIC RAPISTAN CORP.			
Principal Place of Business 507 PLYMOUTH AVE. N.E. GRAND RAPIDS, MI 49505		Mailing Address 507 PLYMOUTH AVE. N.E. GRAND RAPIDS, MI 49505	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 11/22/91		4. FEI Number 38-3017636	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 5/29/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT <input type="checkbox"/> DELETE HIGH, RONALD J. 990 ARLOA DR. GREENVILLE, MI 48838	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BROUCKMAN, JAMES C. 8300 WILDERNESS LAKE TRAIL ADA, MI 49301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> DELETE METROS, PETE J. 7055 RIVERWOOD LANE S.E. GRAND RAPIDS, MI 49546	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NASATO, LOUIE M. 225 LAKESIDE DR. S.E. GRAND RAPIDS, MI 49507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE BROWN, LAURENCE A. 4586 HERSMAN S.E. GRAND RAPIDS, MI 49546	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HILTY, GERALD A. 7255 BRIDGETOWN LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE MARCHIDO, WILLIAM F. 5909 RAMSDELL ROCKFORD, MI 49341	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AXELROD, STEVEN A. 7260 BROOKLYN S.E. GRAND RAPIDS, MI 49508
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE WOLTJER, BERNARD 8216 BIRCHWOOD S.W. JENISON, MI 49428	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BECHTEL, S. BARRIE 336 GREENWICH RD. N.E. GRAND RAPIDS, MI 49506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE CIANFARANI, ALFRED A. 1615 FLOWERS MILL DR. GRAND RAPIDS, MI 49505	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAMSEY, CHARLES H. 14715 LILLIAN ST. HOLLAND, MI 49424
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.			
SIGNATURE: <i>Charles H. Ramsey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 5/1/98 Daytime Phone #: 616-451-6709	

CR2E034 (10/97)