2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P36394** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** MANNESMANN DEMATIC RAPISTAN CORP. 01-28-2000 90118 048 ***150.00 Principal Place of Business Mailing Address 507 PLYMOUTH AVENUE, N.E. 507 PLYMOUTH AVENUE, N.E. GRAND RAPIDS MI 49505 GRAND RAPIDS MI 49505-6029 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 38-3017636 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. AT X Change ☐ Addition TITLE ☐ Delete TITLE HIGH, RONALD J. NAME NAME STREET ADDRESS 990 ARLOA DR STREET ADDRESS CITY-ST-ZIP **GREENVILLE MI** CITY-ST-7IP Greenville, MI 48838 Change ☐ Addition Delete TITLE TITLE METROS, PETE J. NAME NAME STREET ADDRESS STREET ADDRESS 7283 BROOKLYN SE CITY-ST-ZIP **GRAND RAPIDS MI 49508** CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE BROUCKMAN, JAMES C NAME STREET ADDRESS STREET ADDRESS 8300 WILDERNESS LAKE TRAIL CITY-ST-ZIP CITY-ST-ZIP ADA MI 49301 Change Addition ☐ Delete TITI F TITLE MARCHIDO, WILLIAM F. NAME NAME STREET ADDRESS STREET ADDRESS 6185 BOULDER RIDGE CITY-ST-ZIF CITY-ST-ZIF **BELMONT MI 49306** TITLE Change ☐ Addition ☐ Delete WOLTJER, BERNARD NAME NAME 8216 BIRCHWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jenison, MI CITY-ST-ZIP JENISON MI ☐ Addition Change TITLE TITLE ☐ Delete CIANFARANI, ALFRED A NAME NAME STREET ADDRESS STREET ADDRESS 1615 FLOWERS MILL DR NE

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: SIGNATURE AND TYPED OR MRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Len 1-14-00

6164516754

Daytime Phone #