## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P40218

City-St-Zip:

DETROIT, MI

Entity Name: OLDE PROPERTY CORPORATION

FILED Apr 22, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
ATTN: TAX 131 WEST DETROIT, I	LAFAYETTE					
Current Mailing Address:			New Mailin	New Mailing Address:		
ATTN: TAX 131 WEST DETROIT, I	LAFAYETTE					
FEI Number:	38-3050688	FEI Number Applied For ( )	El Number Not Applic	able ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 S. PIN	DRATION SYS IE ISLAND RD DN, FL 33324					
The above in the State		ubmits this statement for the purp	oose of changing its	registered of	ffice or registered agent, or both,	
SIGNATUR	E:					
	Electroni	c Signature of Registered Agent			Date	
•	-	satisfy its Intangible Tax filing require Trust Fund Contribution ( ).	ment and elects to do	o so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () WILSON, BERN, 751 GRISWOLD DETROIT, MI 48		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ERNST, MARK 4400 MAIN STRI KANSAS CITY, M		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () FILDES, LISA 131 W. LAFAYE DETROIT, MI 48		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address:	T () SUTTON, MACK 131 W. LAFAYE		Name:	CFO (X) SCHELL, BRIAN 4400 MAIN STR		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

KANSAS CITY, MO 64111

SIGNATURE: BERNARD M. WILSON P 04/22/2002