FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 07, 2002 8:00 am Secretary of State 04-07-2002 90068 015 ***150.00

1. Entity Nam	MENT # PGS OC or Development Corporat.	04-07-2002 90	0068 015 ***150.00					
	DO NOT WRITE	80057686						
16835	Place of Business Kercheval	3. Mailing Address 16835 Kercheval						
Suite, Apt.	∄, etc.	Suite, Apt. ≢, etc.		DO NOT WRITE IN THIS SPACE				
	Pointe, Michigan	City & State Grosse Pointe, Michigan		4. FEI Number 650876270	Applied For Not Applicable			
Zip 48230	Country - USA	48230	- Country - USA	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	The state of the s	us sweet,	Name	7. Name and Address of Current Reg	istered Agent			
	DO NOT W	RITE	Robe	Robert G. Menzies				
ಜೆ	IN THIS SP		850 Park	s (P.O. Box Number is Not Acceptable) Shore Drive, Suite 300				
· ·		ACL						
·			City	s stered agent, or born A n the State of Florida	FL Zip Code 34103			
Tax filling r	Signature, typed or printed earne in registered agent a praction is effigible to satisfy its Intangible requirement and elects to do so. OFFICERS AND I	January 1 - After Ma Amend Make Check Pay	May 1 Fee is \$150.00 by 1, Fee is \$550.00 led UBR is \$61.25 able to Department of S	10. Election Campaign Financi Trust Fund Contribution.	- 25 - 02 DATE ing \$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Danny Roemer 16835 Kercheval Grosse Pointe, MI 48	230	TITLE NAMÉ STREFT ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T/D Carl Craft 44 E. Long Lake Road Bloomfield Hills, MI	48304	THLE NAME SIREEI ADDRESS CITY-ST-ZIP		*			
NAME STREET ADDRESS CITY-ST-ZIP	VP/AS/D Ira Jaffe 16835 Kercheval Grosse Pointe, MI		NAME STREET ADDRESS CITY-ST-ZIP	DO NOT W				
NAME STREET ADDRESS CITY-ST-ZIP	D Richard Crawford 16835 Kercheval Grosse Pointe, MI 482	30	NAME STREET ADDRESS CITY-ST-ZIP	IN-THIS-SF	PACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred Erb 44 E. Long Lake Road Bloomfield Hills, MI	48304	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			TITLE _NAME_ STREET ADDRESS _CITY-ST-ZIP	The second secon				
indicated of the cor	certify that the information supplied with the onthis report or supplemental report is a poration or the receiver or trustee emport with an address, with all other like emports with an address, with all other like emports.	true and accurate and that owered to execute this rep	or the exemption stated in t my signature shall have th ort as required by Chapter	Section 119.07(3)(i), Florida Statutes, I furthe e same legal effect as if made under oath; 607, Florida Statutes, and that my name a	ner certify that the information that I am an officer or director appears in Block 11 or on an			

:	SI	G	N	A٦	ΓL	JR	E
---	----	---	---	----	----	----	---

Carl Craft, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02