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

FILED
May 18 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 # S76695

1. Corporation Name
BERM INC.

Principal Place of Business
3569 CHRISTY WAY S.
SAGINAW, MI
48603

Mailing Address
3564 CHRIST WAY S
SAGINAW, MI
48603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number 65-0284261 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
Edward R MORSE
3569 CHRISTY WAY S.
SAGINAW, MI 48603

10. Name and Address of New Registered Agent
81 Name DENNIS M WILSON
82 Street Address (P.O. Box Number is Not Acceptable) 212 WEST OCEAN BLVD.
83
84 City STUART FL 85 Zip Code 34994

11. Pursuant to the provisions of Sections 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DENNIS M WILSON — Dennis M. Wilson 4-16-98
(Registered Agent Signature required for name change) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	EDWARD R. MORSE	
STREET ADDRESS	3569 CHRISTY WAY S.	
CITY-ST-ZIP	SAGINAW, MI 48603	
TITLE	VP	☐ DELETE
NAME	MARY LOU MORSE	
STREET ADDRESS	3569 CHRISTY WAY S	
CITY-ST-ZIP	SAGINAW, MI 48603	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	700002529107	
5.3 STREET ADDRESS	-05/19/98--01053--047	
5.4 CITY-ST-ZIP	***150.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that to the best of my knowledge the 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 12 or Block 13 with my title or addition, if applicable, and address.

SIGNATURE: Edward R. Morse Pres. 4-16-98 517-249-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J 5/18