

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

FILED
May 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 828606 (4)

1. Corporation Name
UNIVERSAL FOREST PRODUCTS, INC.



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| Principal Place of Business 2601 E BELTLINE, N.E. GRAND RAPID MI 49505 | Mailing Address 2801 E BELTLINE, N.E. GRAND RAPID MI 49505-9680 |
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| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| Zip | Zip |
| 24 Country | 25 Country |
| 29 Zip | 30 Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified 09/05/1972 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 38-1465835 | Applied For Not Applicable |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

O'NEILL, KEVIN
105 PROGRESS RD
AUBURNDALE FL 33823-7217

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CURRIE, WILLIAM G. | 1.2 NAME | |
| STREET ADDRESS | 1830 BEARD DR. S.E. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GRAND RAPIDS, MI 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWMAN, ELIZABETH A. | 2.2 NAME | |
| STREET ADDRESS | 5086 N. OAKVALE CT., S.E. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WYOMING MI | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, DONALD L. | 3.2 NAME | |
| STREET ADDRESS | 602 FRUITVILLE PIKE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MANHEIM PA | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARD, JAMES H | 4.2 NAME | |
| STREET ADDRESS | 76 LOWER MEIGS RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOULTRIE GA | 4.4 CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SECCHIA, PETER F | 5.2 NAME | |
| STREET ADDRESS | 2833 BONNELL, SE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GRAND RAPIDS MI | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 _____ (616)

CR2E034 (9/96)