

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90070 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 828606**

1. Corporation Name  
**UNIVERSAL FOREST PRODUCTS, INC.**



Principal Place of Business <b>2801 E BELTLINE, N.E.                  GRAND RAPID MI 49505</b>	Mailing Address <b>2801 E BELTLINE, N.E.                  GRAND RAPID MI 49505</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/05/1972</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>38-1465835</b>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24. <b>49525</b> 25.	29. <b>49525</b> 30.	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>O'NEILL, KEVIN                  105 PROGRESS RD                  AUBURNDALE FL 33823-7217</b>	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 <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>CURRIE, WILLIAM G.</b>	1.2 NAME	
STREET ADDRESS	<b>1830 BEARD DR. S.E.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GRAND RAPIDS, MI 00000</b>	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWMAN, ELIZABETH A.</b>	2.2 NAME	<i>Nickels, Elizabeth A.</i>
STREET ADDRESS	<b>4061 IVENREST SW</b>	2.3 STREET ADDRESS	<i>4061 Ivanrest SW</i>
CITY-ST-ZIP	<b>GRANDVILLE MI 49418</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, DONALD L.</b>	3.2 NAME	<i>Secretary/Vice President</i>
STREET ADDRESS	<b>602 FRUITVILLE PIKE</b>	3.3 STREET ADDRESS	<i>Matthew J. Missad</i>
CITY-ST-ZIP	<b>MANHEIM PA</b>	3.4 CITY-ST-ZIP	<i>1674 Riva Ridge Dr SE. Grand Rapids, MI 49546</i>
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, JAMES H</b>	4.2 NAME	
STREET ADDRESS	<b>76 LOWER MEIGS RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOULTRIE GA</b>	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SECCHIA, PETER F</b>	5.2 NAME	
STREET ADDRESS	<b>2833 BONNELL, SE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GRAND RAPIDS MI</b>	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 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, with all other like empowered.

SIGNATURE: *Elizabeth A. Nickels* Elizabeth A. Nickels 2/23/99 616.364.6161  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)