

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H80238** (9)

1. Corporation Name  
**H. P. CATTLE FEEDING CORP.**



Principal Place of Business: **ONE SUNROOF CENTER SOUTHGATE MI 48195**  
Mailing Address: **ONE HERITAGE PLACE SUITE 400 SOUTHGATE MI 48195 US**

3. Date Incorporated or Qualified: **10/10/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2595181**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature (typed or printed name of registered agent and the filer, if applicable)

NOTE: Registered Agent Signature required when changing

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD PRECHTER, HEINZ C ONE HERITAGE PL., SUITE 400 SOUTHGATE MI <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ONE HERITAGE PL., SUITE 400 SOUTHGATE MI	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS SOUTHGATE MI	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	1.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
T TREADWELL, DAVID L. ONE HERITAGE PL., SUITE 400 SOUTHGATE MI <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ONE HERITAGE PL., SUITE 400 SOUTHGATE MI	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS SOUTHGATE MI	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	2.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
S KOENIG, LORI ONE HERITAGE PL., SUITE 400 SOUTHGATE MI <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ONE HERITAGE PL., SUITE 400 SOUTHGATE MI	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS SOUTHGATE MI	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty]	6.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

(313)246-0202

CR2E034 (12/95)