

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90034 020 \*\*\*150.00

0586540

**DOCUMENT # P34808**

1. Entity Name  
**SUPERIOR CONSULTANT COMPANY, INC.**

Principal Place of Business  
**4000 TOWN CENTER SUITE 1100  
 SOUTHFIELD MI 48075**

Mailing Address  
**17570 WEST TWELVE MILE ROAD  
 SOUTHFIELD MI 48076**

**00027531**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**17570 West Twelve Mile Rd**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Southfield, MI**

City & State

4. FEI Number **38-2550455**

Applied For  
 Not Applicable

Zip  
**48076**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP HELPIE, RICHARD D JR. 4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HELPIE, RICHARD D JR. 4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV BRACKEN, CHARLES O 4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS HOUSE, JAMES T 4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVCO TASHIRO, ROBERT 4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSCA SYNOR, SUSAN M 4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/C Helppie, Richard D., Jr. 17570 West Twelve Mile Road Southfield, MI 48076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Helppie, Richard D., Jr. 17570 West Twelve Mile Road Southfield, MI 48076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV Bracken, Charles O. 17570 West Twelve Mile Road Southfield, MI 48076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV Steven H. Smith 17570 West Twelve Mile Road Southfield, MI 48076</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCO George S. Huntzinger 17570 West Twelve Mile Road Southfield, MI 48076</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/SA Synor, Susan M. 17570 West Twelve Mile Road Southfield, MI 48076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard R. Sorensen **Richard R. Sorensen** **3-14-01** **(248) 386-8300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

attachment  
#P 34808 / DOW 57531

Superior Consultant Company, Inc.  
Document # - P34808  
Florida 2001 Uniform Business Report - Attachment

Block 12 Continued -

<u>Title(s)</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip</u>
CFO	Sorensen, Richard R.	17570 West Twelve Mile Road	Southfield, MI 48076
VIGC/AS	Saslow, Richard P.	17570 West Twelve Mile Road	Southfield, MI 48076