

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

ROFIT	CORPORA	TION ANNUA	L REPORT	FOR THE YEAR	ar <u>2005</u>	

Filing Period: January I - M (FORM MUST BE TYPED OR PRIN		ig / et. 930.00 -				
1. Corporate II) No	2. Name of Corporation		<del></del>			
107708		RATION OF NORTH AME	ERICA	1.	L	
3. Street Address Principal Business ( 5450 Eas	)[fice L < L		SaBINOW	State Mi	48601	
4. Business Phone No.	T -3F	5. State of Incorporation	Jabinaw	1 1111	6. SIG Code	
(989) 777-3	2050	NEW YORK			59	
7. Brief Description of the Character BIDDING ON BULK STO	of Business Conducted in				······································	
8. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR ATTA	CHMENT)   FILL IN	SPACES BEFORE USING A	TTACHMENTS	
President Name			Vice President Name			
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Sireei Address 1880 ERST	rine Ro		Street Address  202 He	lev St		
Hemlock	State M.	48626	MiDland	State	<sup>zip</sup> 48640	
Secretary Name Teresa	Butke		Treasurer Name			
Sireet Address	, 0		Street Address			
1349 5, Cen	iter Ko			1.	1	
500 Now	State	18603	City	State	Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			TACHMENT)   FILL 1!	N SPACES BEFORE USING	ATTACHMENTS	
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·	
Cuy	State	Zip	Clty	State	Zıp	
Director Name	J		Director Name	l		
Sirvet Address			Sirvet Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR AT	 TACHMENT) []	11. SHARES ISSUED (	 "X" BOX FOR ATTACHMI	 SNT) [	
Number of Shares	ClassiSeries	Par Value	Number of Shares	Class/Series	Par Value	
200 COMM NO PAR VALUE			100	Common	None	
This report must be	signed in ink by sit	her the President Vice P	. 1 President, Secretary, Assista	nt Secretary Transurar Day	Caivar or Trustee	
rats report must be s	ngneu m mk uy en	ner me r resident, vice r	resident, occidity, Assista	in Secretary, Heasurer, Re	octact of Hustee	
			including any accent	jury I declare and affirm that panying schedules and matern		
File Date	2 15-05		contained berein are	true and correct	2/3/05	
Check No.	19889		Signature of Officer		Date	
Ву:	2		Print or Type Name of Officer  Resident  Title of Officer			
FOR SECRETARY OF STA	ATE USE ONLY					



Check No.

FOR SECRETARY OF STATE USE ONLY

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corpo.	ranons Dieision
100 N	orth Main Street
rovidence,	RI 02903-1335
	401.222.3040

. Corporate ID No. 107708	2. Name of Corpor	EDICA				
. Street Address Principal Bi		PORATION OF NORTH AM	City	State	Zip	
5450	EastSt		SABINAN	Mi	4860	
Business Phone No.		5. State of Incorporation			6. SIC Code	
(989)77	7-2050	NEW YORK			59	
	ameter of Business Conducte LK STORAGE BUILDIN					
NAMES AND ADDR	ESSES OF THE OFFIC	ERS: ("X" BOX FOR ATT	ACHMENT)     FILL IN	N SPACES BEFORE USING A	ATTACHMENTS	
resident Name			Vice President Name			
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The box	State	148 626	City	State	Zip	
ecretary Name	1K!.kl		Treasurer Name			
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121 (00	nelot Dr	<del>₩₽+€+</del>				
ity	State -	₹Zip	City	State	Zip	
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including any accompanying scholules and matements, and that all statements

contained herein are true and correct

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 4 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)



1. Corporate ID No.	2. Name of Corpora	tion			
107708	DOME COR	PORATION OF NORTH AME	ERICA		
3. Street Address Principal Busines	is Office		City	State .	Zip
5450 FAST 4. Business Phone No.	-5+	5. State of Incorporation	50 BINAW	νnι	6. SIC Code
(969)777- 7. 7. Brief Description of the Charact	050	NEW YORK			59
7. Brief Description of the Charact		n Rhode Island			
8. NAMES AND ADDRE		CERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES BE	FORE USING ATTACHM	IENTS
President Name			Vice President Name		
RESS LA	<u>ke</u>		Street Address 202 He	y Estes	
1880 ERS	KINE RD	715	202 He	ken St	Zip
Hemlock	State	48626	Mibland	State M;	48640
Secretary Name	Ω		Treasurer Name		
Teresa Street Address	Dakke		Street Address		
12467 0	C 30 WSO				
City	State	Zip	City	State	Zip
Burit	٧ħ٫	48417			
9. NAMES AND ADDRE Director Name	SSES OF THE DIRI	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name	BEFORE USING ATTACE	IMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		·	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zīp
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM NO PAR VAL	_UE		100	Common	None
			,	, 3.,	,, -
This report must be sig	<b>ned in ink</b> by eitl	her the President, Vice I	President, Secreta <mark>ry, Assis</mark> t	ant Secretary, Treasure	r, Receiver or Trust
1 121	 	IDI 1013 10 E1			

	* 1 0 7 7 0 8 *
File Date:	2/24/03
Check Nos:	016099
Ву:	
FOR SECRETARY O	F STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained-lifetein are true and correct.

Print or Type Name of Officer

President

Title of Officer Form 630 12/02 S 5

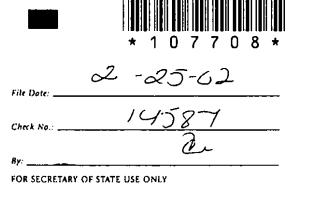
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. DOME CORPORATION OF NORTH AMERICA 3. Street Address Principal Business Office State 5450 EAST ST 1989)777-2050 7. Brief Description of the Character of Business Conducted in Rhode Island Contractive 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address City FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address Zip State ZIP **Director Name** Director Name Street Address Street Address City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZED SHARES ESSUFED SHARES Number of Shares Number of Shares Class/Series Class/Series Par Value 200 COMM NO PAR VALUE Common 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare	
this report, including any accompan	nying solredules and statements, and
that all statements contained hereig	Tare true and correct.
(m	2/21/02
Signatule of Officer	Date
Ross Lake	
Print or Type Name of Officer	
President	
Title of Officer	C 420 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107708 2. Name of Corporation

DOME CORPORATION OF NORTH AMERICA

3. Street Address Principal Business Office

5450 EAST S

5. State of Incorporation

517) 77 7- 2050
rief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

FRED

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name

Street Address

City

City

State

Street Address

City

City

State

2.ip

Director Name

Director Name

Street Address

State

Clly

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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Street Address

Number of Shares

Class/Series

Par Value

700 COMM NO PAR VALUE 200

10 O

COMMON NO PARVAGE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

48601

0059

33301

FL

6. SIC Code

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

4. Business Phone No.

Street Address

Street Address

1. Corporate ID No.	2. Name of Cor	2. Name of Corporation				
107708	DOME CO	RPORATION O	F NORTH	AMERICA		
3. Street Address Principal Busine	ss Office			City	State	
5450 East	Street			Saginaw	Michigan	

**NEW YORK** 517-777-2050 7. Brief Description of the Character of Business Conducted in Rhode Island

contracting

8. NAMES AND ADDRESSES OF THE OFFICERS (*)	(* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
President Name	Vice President Name
Ross Lake Street Address	Fred Rahn Street Address
743 Wren . State Zip	313 S. Hendricks Isle

48734 Ft. Lauderdale Frankenmuth Treasurer Name Secretary Name Ross Lake Bette Pawlanta Street Address Street Address

743 Wren 4245 Townline City State

38734 48415 ΜI Frankenmuth Birch Run ΜI

Street Address

Street Address

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name

City State Zip State Zip City

Director Name Director Name

City Zlo City Zip State State

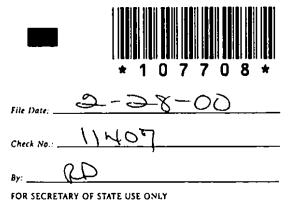
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*x\* BOX FOR ATTACHMENT)

ISSUED SHARES AUTHORIZZED SHARES Par Value Number of Shares Class/Series Class/Serles

Par Value Number of Shares

700 COMM NO PAR VALUE 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements consented herein are true and correct.

Signature of Officer

<u>Ross Lake</u> Print or Type Name of Officer President

Title of Officer