



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100986		2. Name of Corporation LASON SYSTEMS, INC.			
3. Street Address Principal Business Office 1305 STEPHENSON HWY			City TROY	State MI	Zip 48083
4. Business Phone No. 248-837-7100		5. State of Incorporation DELAWARE			6. SIC Code 7872/7856
7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER SERVICES, IMAGING & SCANNING SERVICES, PRINTING & MAILING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD RISHER			Vice President Name KENNETH SHAW		
Street Address 1305 STEPHENSON HWY			Street Address 1305 STEPHENSON HWY		
City TROY	State MI	Zip 48083	City TROY	State MI	Zip 48083
Secretary Name DOUGLAS KEARNEY			Treasurer Name THOMAS E. EBELING		
Street Address 1305 STEPHENSON HWY			Street Address 1305 STEPHENSON HWY		
City TROY	State MI	Zip 48083	City TROY	State MI	Zip 48083
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RONALD RISHER			Director Name CHRISTOPHER GARCIA		
Street Address 1305 STEPHENSON HWY			Street Address 1305 STEPHENSON HWY		
City TROY	State MI	Zip 48083	City TROY	State MI	Zip 48083
Director Name WILLIAM M. LANDUYT			Director Name JENNIFER A. GUZMAN		
Street Address 1305 STEPHENSON HWY			Street Address 1305 STEPHENSON HWY		
City TROY	State MI	Zip 48083	City TROY	State MI	Zip 48083
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMMON	\$0.01 PAR VALUE		1000	COMMON	.01

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



1 0 0 9 8 6

File Date	2.17.05
Check No	7184
By	<i>[Signature]</i>
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.

[Signature] 2/14/05
Signature of Officer Date
Thomas E. Ebeling
Print or Type Name of Officer
Treasurer
Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 100986		2. Name of Corporation Lason Systems, Inc.			
3. Street Address Principal Business Office 1305 STEPHENSON HWY		City TROY		State MI	Zip 48083
4. Business Phone No. 248 237-7200		5. State of Incorporation DELAWARE			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island THE DESIGN, SALES, SERVICE OF DOCUMENT MANAGEMENT SYSTEMS AND DATA CAPTURE OR CONVERSION OF INFORMATION TO BE MANAGED IN THOSE SYSTEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD RISHER			Vice President Name DOUGLAS KEARNEY		
Street Address 1305 STEPHENSON HWY			Street Address 1305 STEPHENSON HWY		
City TROY	State MI	Zip 48083	City TROY	State MI	Zip 48083
Secretary Name DOUGLAS KEARNEY			Treasurer Name THOMAS M. EBELING		
Street Address 1305 STEPHENSON HWY			Street Address 1305 STEPHENSON HWY		
City TROY	State MI	Zip 48083	City TROY	State MI	Zip 48083
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RONALD RISHER			Director Name DAVID WILLIAMS		
Street Address 1305 STEPHENSON HWY			Street Address 1305 STEPHENSON HWY		
City TROY	State MI	Zip 48083	City TROY	State MI	Zip 48083
Director Name ROBERT NASTALY			Director Name		
Street Address 1305 STEPHENSON HWY			Street Address		
City TROY	State MI	Zip 48083	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE			1000	COMMON	.01

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



* 1 0 0 9 8 6 *

File Date 2.3.04
Check No. 80037200
By: [Signature]

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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date



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

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 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 100986
2. Name of Corporation Lason Systems, Inc.

3. Street Address Principal Business Office

1305 STEPHENSON HWY

City

TROY

State

MI

Zip

48083

4. Business Phone No.

248-837-7232

5. State of Incorporation

DELAWARE

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

DIGITAL IMAGING

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

President Name

RONALD RISHER

Street Address

1305 STEPHENSON HWY

City

TROY

State

MI

Zip

48083

Vice President Name

DOUGLAS KEARNEY

Street Address

1305 STEPHENSON HWY

City

TROY

State

MI

Zip

48083

Secretary Name

DOUGLAS KEARNEY

Street Address

1305 STEPHENSON HWY

City

TROY

State

MI

Zip

48083

Treasurer Name

THOMAS M. EBELING

Street Address

1305 STEPHENSON HWY

City

TROY

State

MI

Zip

48083

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

Director Name

RONALD RISHER

Street Address

1305 STEPHENSON HWY

City

TROY

State

MI

Zip

48083

Director Name

DAVID WILLIAMS

Street Address

1305 STEPHENSON HWY

City

TROY

State

MI

Zip

48083

Director Name

ROBERT NASTALY

Street Address

1305 STEPHENSON HWY

City

TROY

State

MI

Zip

48083

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$0.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

COMMON

.01

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



* 1 0 0 9 8 6 *

File Date: 1.30.03

Check No.: 80014417

By: [Signature]

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.

[Signature] 1-24-03
Signature of Officer Date

Thomas M. Ebeling
Print or Type Name of Officer

Treasurer
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100986 2. Name of Corporation Lason Systems, Inc.
3. Street Address Principal Business Office 1305 STEPHENSON HWY City TROY State MICHIGAN Zip 48083
4. Business Phone No. 248-597-5800 5. State of Incorporation DELAWARE 6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island

DIGITAL IMAGING

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

President Name <u>RONALD RISHER</u> Street Address <u>1305 STEPHENSON HWY</u> City <u>TROY</u> State <u>MI</u> Zip <u>48083</u>	Vice President Name <u>DOUGLAS KERNEY</u> Street Address <u>1305 STEPHENSON HWY</u> City <u>TROY</u> State <u>MI</u> Zip <u>48083</u>
Secretary Name <u>WILLIAM BROOKS</u> Street Address <u>1305 STEPHENSON HWY</u> City <u>TROY</u> State <u>MI</u> Zip <u>48083</u>	Treasurer Name <u>THOMAS M. EBELING</u> Street Address <u>1305 STEPHENSON HWY</u> City <u>TROY</u> State <u>MI</u> Zip <u>48083</u>

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

Director Name <u>WILLIAM BROOKS</u> Street Address <u>1305 STEPHENSON HWY</u> City <u>TROY</u> State <u>MI</u> Zip <u>48083</u>	Director Name <u>RONALD RISHER</u> Street Address <u>1305 STEPHENSON HWY</u> City <u>TROY</u> State <u>MI</u> Zip <u>48083</u>
Director Name <u>ALLEN J. NESBITT</u> Street Address <u>1305 STEPHENSON HWY</u> City <u>TROY</u> State <u>MI</u> Zip <u>48083</u>	Director Name <u>NONE</u> Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000 COMM</u>	<u>\$0.01 PAR VALUE</u>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>COMMON</u>	<u>.01</u>

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



* 1 0 0 9 8 6 *

File Date: 2-25-02

Check No.: CIL 36012183

By: KML

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.

THOMAS M. EBELING 2-22-02
Signature of Officer Date

THOMAS M. EBELING
Print or Type Name of Officer

TREASURER
Title of Officer



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

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. **100986**
2. Name of Corporation **Lason Systems, Inc.**
3. Street Address Principal Business Office
1305 STEPHENSON HWY
4. Business Phone No. **248-597-5800**
5. State of Incorporation **DELAWARE**

City **TROY** State **MI** Zip **48083**
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

DIGITAL IMAGING

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

President Name
JOHN R. MESSINGER
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

Vice President Name
RANDY L. BAKER
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

Secretary Name
WILLIAM BROOKS
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

Treasurer Name
THOMAS M. EBELING
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

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

Director Name
ROBERT YANDOVER
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

Director Name
JOHN R. MESSINGER
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

Director Name
ALLEN NESBITT
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

Director Name
WILLIAM BROOKS
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$0.01 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value

(Handwritten mark)

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



* 1 0 0 9 8 6 *

File Date: **3/1**

Check No.: **36008072**

By: **C.H.**

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.

Thomas M. Ebeling **2-26-01**
Signature of Officer Date
THOMAS M. EBELING
Print or Type Name of Officer
Treasurer
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100986**
2. Name of Corporation **Lason Systems, Inc.**
3. Street Address Principal Business Office
1305 STEPHENSON HWY
4. Business Phone No. **2485975800**
5. State of Incorporation **DELAWARE**
6. Brief Description of the Character of Business Conducted in Rhode Island
DIGITAL MARKETING

City **TROY** State **MI** Zip **48083**
6. SIC Code **7872**

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

President Name **JOHN MESSINGER**
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**
Secretary Name
WILLIAM RAUWERDINK
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

Vice President Name
WILLIAM RAUWERDINK
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**
Treasurer Name
WILLIAM RAUWERDINK
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

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

Director Name
GARY MONROE
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**
Director Name
ROBERT YANOVER
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

Director Name
ALLEN NESBITT
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**
Director Name
WILLIAM RAUWERDINK
Street Address
1305 STEPHENSON HWY
City **TROY** State **MI** Zip **48083**

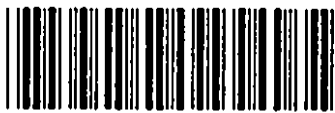
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$0.01 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 Common .01

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



* 100986 *

File Date: **3/2/00**
Check No.: **36004072**
By: **cu**

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 the statements contained herein are true and correct.

Signature of Officer **William Rauwerdink** Date **1/20/00**
Print or Type Name of Officer
WILLIAM RAUWERDINK
Title of Officer
VP, SECRETARY, & TREASURER

**LASON SYSTEMS, INC.
OFFICERS & DIRECTORS**

OFFICERS NAME	TITLE	BUSINESS ADDRESS
GARY L. MONROE	CEO	1305 STEPHENSON HWY., TROY MI 4808
JOHN R. MESSINGER	PRESIDENT & COO	1305 STEPHENSON HWY., TROY MI 4808
WILLIAM J. RAUWERDINK	EVP, CFO, TREASURER & SECRETARY	1305 STEPHENSON HWY., TROY MI 4808
BRIAN E. JABLONSKI	EVP MARKETING AND SALES	1305 STEPHENSON HWY., TROY MI 4808
MAUREEN GIAMMARA	ASST SECRETARY	1305 STEPHENSON HWY., TROY MI 4808
LAURENCE B. DEITCH	ASST SECRETARY	1305 STEPHENSON HWY., TROY MI 4808
ROBERT T. BASSMAN	CORPORATE CONTROLLER & VP	1305 STEPHENSON HWY., TROY MI 4808

DIRECTORS NAME

GARY L. MONROE	CHAIRMAN OF THE BOARD, DIRECTOR.	1305 STEPHENSON HWY., TROY MI 4808
ROBERT A. YANOVER	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
ALLEN J. NESBITT	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
WILLIAM J. RAUWERDINK	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
BRUCE V. RAUNER	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
JOSEPH P. NOLAN	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808
FARIBORZ GHADAR	DIRECTOR	1305 STEPHENSON HWY., TROY MI 4808



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

2. Name of Corporation

100986

Lason Systems, Inc.

3. Street Address Principal Business Office

1305 Stephenson Hwy
2485975800

4. Business Phone No.

5. State of Incorporation

DELAWARE

7. Brief Description of the Character of Business Conducted in Rhode Island

Document Imaging

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

JOHN Messenger

Street Address

1305 Stephenson Hwy

City

TROY

State

RI

Zip

06863

Secretary Name

William Pawvedick

Street Address

Same

City

State

RI

Zip

06863

City

TROY

State

RI

Zip

06863

6. SIC Code

7389

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Gary Meno

Street Address

1305 Stephenson Hwy

City

TROY

State

RI

Zip

06863

Director Name

Allen Herbert

Street Address

Same

City

State

RI

Zip

06863

Director Name

Robert Yonover

Street Address

Same

City

State

RI

Zip

06863

Director Name

Donald Glicker

Street Address

Same

City

State

RI

Zip

06863

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$0.01 PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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



* 1 0 0 9 8 6 *

File Date: 03-29-99

Check No.: 9800429

By: JD

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.

Robert T Bassman 2-15-99

Signature of Officer

Date

Robert T Bassman

Print or Type Name of Officer

Corporate Controller & V.P.

Title of Officer

LASON SYSTEMS, INC.
OFFICERS & DIRECTORS

OFFICERS NAME	TITLE	BUSINESS ADDRESS
GARY L. MONROE	CEO	1305 STEPHENSON HWY., TROY MI 48083
JOHN R. MESSINGER	PRESIDENT & COO	1305 STEPHENSON HWY., TROY MI 48083
WILLIAM J. RAUWERDINK	EVP, CFO, TREASURER & SECRETARY	1305 STEPHENSON HWY., TROY MI 48083
BRIANE JABLONSKI	EVP MARKETING AND SALES	1305 STEPHENSON HWY., TROY MI 48083
JOSEPH P. NOIAN	ASST SECRETARY	1305 STEPHENSON HWY., TROY MI 48083
LAURENCE B. DEITCH	ASST SECRETARY	1305 STEPHENSON HWY., TROY MI 48083
ROBERT T. BASSMAN	CORPORATE CONTROLLER	1305 STEPHENSON HWY., TROY MI 48083

DIRECTORS NAME

GARY L. MONROE	CHAIRMAN OF THE BOARD, DIRECTOR	1305 STEPHENSON HWY., TROY MI 48083
ROBERT A. YANOVER	DIRECTOR	1305 STEPHENSON HWY., TROY MI 48083
ALLEN J. NESBITT	DIRECTOR	1305 STEPHENSON HWY., TROY MI 48083
DONALD M. GLEKLEN	DIRECTOR	1305 STEPHENSON HWY., TROY MI 48083
BRUCE V. RAUNER	DIRECTOR	1305 STEPHENSON HWY., TROY MI 48083
JOSEPH P. NOLAN	DIRECTOR	1305 STEPHENSON HWY., TROY MI 48083
FARBORZ GHADAR	DIRECTOR	1305 STEPHENSON HWY., TROY MI 48083