2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 337104 May 30, 2000 8:00 am Secretary of State 1. Entity Name EVANS INDUSTRIES, INC. 05-30-2000 90066 024 ***550.00 Mailing Address Principal Place of Business 200 RENAISSANCE CENTER, #3150 200 RENAISSANCE CENTER. #3150 DETROIT MI 48243 **DETROIT MI 48243-1303** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1232914 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP ☐ Addition TITLE TITLE ☐ Delete SARGENT, CHARLES G NAME NAME 200 RENAISSANCE CENTER, #3150 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **DETROIT MI** ☐ Change Addition Delete TITLE TITLE HEVELHORST, RICHARD P NAME NAME 200 RENAISSANCE CENTER, #3150 STREET ADDRESS STREET ADDRESS **DETROIT MI** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE JOHNSON, JEFFREY S NAME NAME 200 RENAISSANCE CENTER, #3150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DETROIT MI CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE EVANS, ROBERT B JR. NAME NAME 200 RENAISSANCE CENTER, #3150 STREET ADORESS STREET ADDRESS CITY-ST-ZIP DETROIT MI CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 exployered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered changed, or on an attachment with all address with all I other like empowered 100 SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 4