2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2001 8:00 am Secretary of State **DOCUMENT # 337104** 1. Entity Name 05-16-2001 90014 010 ***150.00 EVANS INDUSTRIES, INC. Principal Place of Business Mailing Address 200 RENAISSANCE CENTER. #3150 200 RENAISSANCE CENTER. #3150 DETROIT MI 48243 DETROIT MI 48243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 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 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. ☐ Change **XX**Addition Delete TITLE TITLE SARGENT, CHARLES G NAME Aliotta, Salvatore Jr. NAME STREET ADDRESS STREET ADDRESS 200 RENAISSANCE CENTER, #3150 200 Renaissance Ctr., Ste. 3150 CITY-ST-ZIP CITY-ST-ZIP DETROIT MI <u>Detroit. MI 48243</u> ☐ Change ■ Addition TITLE TITLE XXDelete HEVELHORST, RICHARD P NAME NAME STREET ADDRESS STREET ADDRESS 200 RENAISSANCE CENTER, #3150 CITY-ST-ZIP CITY-ST-ZIP DETROIT MI STD. _ Delete ____ TITLE Change Addition TITLE JOHNSON, JEFFREY S NAME NAME STREET ADDRESS STREET ADDRESS 200 RENAISSANCE CENTER, #3150 CITY-ST-ZIP CITY-ST-ZIP DETROIT MI ☐ Delete CD TITLE ☐ Change ☐ Addition TITI F NAME EVANS, ROBERT B JR. NAME STREET ADDRESS STREET ADDRESS 200 RENAISSANCE CENTER, #3150 CITY-ST-ZIP CITY-ST-ZIP DETROIT MI ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing goes 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 accurate 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.

FILED

Daytime Phone #