

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91178 025 ***150.00

90129826

DOCUMENT # 812312 1. Entity Name COOPER-STANDARD AUTOMOTIVE INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 39550 ORCHARD HILL PLACE DR Suite, Apt. #, etc.			3. Mailing Address 701 LIMA AVENUE Suite, Apt. #, etc.		
City & State NOVI MI			City & State FINDLAY OH		4. FEI Number 34-0549970
Zip 48375			Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE			7. 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 City PLANTATION FL Zip Code 33324		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	V	WEAVER, PHILIP G	TITLE		
NAME		701 LIMA AVENUE	NAME		
STREET ADDRESS		FINDLAY OH 45840	STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	S	JACOBSON, RICHARD N	TITLE		
NAME		701 LIMA AVENUE	NAME		
STREET ADDRESS		FINDLAY OH 45840	STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T	SCHROEDER, STEPHEN O	TITLE		
NAME		701 LIMA AVENUE	NAME		
STREET ADDRESS		FINDLAY OH 45840	STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	AT	NAGY, CHARLES F	TITLE		
NAME		701 LIMA AVENUE	NAME		
STREET ADDRESS		FINDLAY OH 45840	STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
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DO NOT WRITE IN THIS SPACE					
12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>C. F. NAGY</u> ASSISTANT TREASURER 04/25/03 419-429-4466 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)