

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90078 036 \*\*\*150.00

**DOCUMENT # 840548**

1. Entity Name  
**ALEXSIS INC.**

Principal Place of Business

Mailing Address

17187 LAUREL PARK DR.  
 SUITE 423  
 LIVONIA MI 48152  
 US

STATUTORY REPORTS  
 CNA PLAZA - 95  
 CHICAGO IL 60685-0001  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1100503**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>KULBICK, ROBERT R</b>	
STREET ADDRESS	<b>CNA PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>DONNELLY, THOMAS E</b>	
STREET ADDRESS	<b>2719 MILLSTONE LN</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 60685</b>	
TITLE	<b>SFP</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACE, WILLIAM C</b>	
STREET ADDRESS	<b>CNA PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> Delete
NAME	<b>STEAGAL, M. SUSAN</b>	
STREET ADDRESS	<b>CNA PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>PRIESSLER, DAVID J</b>	
STREET ADDRESS	<b>CNA PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RIBIKAWSKIS, MARY A.</b>	
STREET ADDRESS	<b>CNA INSURANCE COS., CNA PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60685</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary A Ribikawskis* Mary A Ribikawskis

4/4/2000 312-822-6312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

340548

80059265

Attachment

# Alexsis, Inc.

## Officers

Chief Executive Officer.....	Robert R. Kulbick
President.....	Thomas E. Donnelly
Senior Vice President and Senior Finance Officer.....	William C. Wallace
Senior Vice President.....	M. Susan Steagall
Chief Financial Officer.....	David J. Preissler
Senior Vice President and General Counsel.....	Nora Winay*
Secretary.....	Mary A. Ribikawskis

## Directors

Peter P. Conway  
 Thomas E. Donnelly  
 Robert R. Kulbick

Business Address of  
 Officers and Directors:  
**CNA Plaza**  
**333 South Wabash**  
**Chicago, IL 60604**

\*Business Address:  
 17187 N. Laurel Park Drive South  
 Livonia, MI 48152