FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **841781** **(8)**

1. Corporation Name
THYSSEN, INC.

Principal Place of Business	Mailing Address
400 RENAISSANCE CTR STE 1700 DETROIT MI 48243 US	400 RENAISSANCE CTR STE 1700 DETROIT MI 48243 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/07/1978**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **13-5681126** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, KENNETH J	1.2 NAME	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	1.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	
TITLE	TVP	2.1 TITLE	☐ Change ☐ Addition
NAME	WEISENBECK, ALFRED K	2.2 NAME	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	2.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GILL, A M	3.2 NAME	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	3.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	VOGEL, DIETER, DR.	4.2 NAME	
STREET ADDRESS	HANS-GUENTHER-SOHL-STRASSEE 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUSSSELDORF GE	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	☐ Change ☐ Addition
NAME	DRESBACH, KYLE E	5.2 NAME	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	
TITLE	EVP	6.1 TITLE	☐ Change ☐ Addition
NAME	OEHLER, WALTER J.	6.2 NAME	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	6.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ A. MALCOLM GILL April 4, 1995 313-667-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480088 FP