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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 841781

(8)

THYSSEN, INC.

|                                                     |                                                                                     |                                                          | •                 |                                  |              |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|----------------------------------|--------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------|------------------------------------|--------------------------|--------------------------------|--|
| Principal Piac                                      | e of Business                                                                       | Mailing Address                                          | Mailing Address   |                                  |              |                                                                                         | E SEBER I ARION DINON HININ HINDEN IN                             |                  | IUII UEUEI UII                     | (A) BIBII BIBII          | 0  <b>1</b>                    |  |
| 400 RENAISSANCE CTR<br>STE 1700<br>DETROIT MI 48243 |                                                                                     | 400 RENAISSANCE CTR<br>STE 1700<br>DETROIT MI 48243-1508 | STE 1700          |                                  |              |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
| US                                                  |                                                                                     | US                                                       | US                |                                  |              |                                                                                         | 3. Date Incorporated or Qual                                      | ified            | 3a. Date of Last Report 04/04/1996 |                          |                                |  |
| 2. Principal Place of Business 2a. Mailing Address  |                                                                                     |                                                          |                   |                                  |              |                                                                                         | 11/07/1978<br>4. FEI Number                                       |                  | <u>U4/U</u>                        |                          | pplied For                     |  |
| 21                                                  | nage of catenions                                                                   | 26                                                       |                   |                                  |              | 1                                                                                       | 13-5681126                                                        |                  |                                    |                          | tot Applicable                 |  |
| Suite, Apt                                          | #, etc.                                                                             | Suite, Apt. #, etc.                                      |                   |                                  |              | <u> </u>                                                                                |                                                                   |                  |                                    |                          | Additional                     |  |
| 22                                                  |                                                                                     | 27                                                       |                   |                                  |              |                                                                                         | 5. Certificate of Status Desire                                   | a                |                                    | Fee R                    | tequired                       |  |
| City & Stat                                         | e                                                                                   | City & State                                             |                   |                                  |              |                                                                                         | 6. Election Campaign Financ                                       | ing              |                                    |                          | ) May Be                       |  |
| <b>23</b> Zip                                       | Country                                                                             | 28                                                       | Zip Country       |                                  |              |                                                                                         | Trust Fund Contribution                                           |                  | Ц                                  |                          | to Fees                        |  |
| 24                                                  | 25                                                                                  | 29                                                       | 30                | шу                               |              | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                                                   |                  |                                    |                          |                                |  |
| <u> </u>                                            | 9. Name and Address of Currer                                                       |                                                          | 1301              |                                  |              | 10. Name and Address of New Registered Agent                                            |                                                                   |                  |                                    |                          |                                |  |
| UNI                                                 | TED STATES CORPORATION CO                                                           | MPANY                                                    |                   | 61                               | Name         |                                                                                         | · · · · · · · · · · · · · · · · · · ·                             |                  |                                    |                          |                                |  |
|                                                     | 1 HAYES ST                                                                          |                                                          | ŀ                 | B2                               | Street A     | Address                                                                                 | (P.O. Box Number is Not Acc                                       | entable          | 9)                                 |                          |                                |  |
| STE 105                                             |                                                                                     |                                                          |                   |                                  |              | 71007000                                                                                | (1.0. DOX HAITIDDI TO HOT FICE                                    | оргарк           | -,                                 |                          |                                |  |
| TALLAHASSEE FL 32301                                |                                                                                     |                                                          |                   | 83                               |              |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
|                                                     |                                                                                     |                                                          | ŀ                 | 64                               | City         |                                                                                         |                                                                   |                  |                                    | <b>85</b> Zip            | Code                           |  |
| 44 6                                                | 10                                                                                  | 20 1 (207 11 00 11 - 21 - 02 - 1                         |                   |                                  |              |                                                                                         |                                                                   |                  | FL                                 |                          |                                |  |
| office or r                                         | to the provisions of Sections 607 050<br>registered agent, or both, in the State    | of Florida Such change was                               | authorized        | ĺbγ                              | the corp     | corporat<br>poration's                                                                  | tion submits this statement for<br>a board of directors. I hereby | tne pu<br>accept | the appo                           | cnanging i<br>intment a: | its registered<br>s registered |  |
| •                                                   | m familiar with, and accept the oblig                                               | ations of, Section 607.0505, Fi                          | lorida Statu      | utes                             | i.           |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
| SIGNATURE                                           | Signature Typed or protectinan upd registered agr                                   | ent and tille if applicable. (NO                         | TE Registered     | Ager                             | nt signature | required wh                                                                             | nen reinstating)                                                  |                  | DATE                               | <del></del>              |                                |  |
| 12.                                                 |                                                                                     | D DIRECTORS                                              | 13.               |                                  | <del>-</del> |                                                                                         | ADDITIONS/CHANGES TO                                              | OFFICE           | RS AND                             | DIRECTO                  | RS IN 12                       |  |
| TITLE                                               | PD DELETE                                                                           |                                                          |                   | 1.1 TITLE                        |              |                                                                                         |                                                                   |                  |                                    | Change                   | Addition                       |  |
| NAME                                                | GRAHAM, KENNETH J                                                                   |                                                          |                   | 1.2 NAME                         |              |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
| STREET ADDRESS                                      | 400 RENAISSANCE CTR, STE 1700                                                       |                                                          |                   | 1 3 STREET ADDRESS               |              |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
| CHTY - ST - ZHP                                     | DETROIT MI                                                                          | DELETE                                                   | 1.4 CITY-ST-ZIP   |                                  |              | <b></b>                                                                                 |                                                                   |                  |                                    |                          | F-1 suggestion                 |  |
| 111.6                                               | TVP                                                                                 | L) DETELE                                                | 21 TITLE          |                                  |              |                                                                                         |                                                                   |                  | '                                  | Change                   | Addition                       |  |
| NAME<br>OXOGER ADDRESS                              | WEISENBECK, ALFRED K<br>400 RENAISSANCE CTR, STE 1700                               |                                                          |                   | 22 NAME<br>23 STREET ADDRESS     |              |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
| STREET ADDRESS<br>CITY - \$1 - ZIP                  | DETROIT MI                                                                          | 1100                                                     |                   | 2 4 CITY-ST-ZIP                  |              | 1                                                                                       |                                                                   |                  |                                    |                          |                                |  |
| THE                                                 | S                                                                                   | ☐ DELETE                                                 | 31 TIT            |                                  | 11-211       |                                                                                         |                                                                   |                  |                                    | Change                   | Addition                       |  |
| NAME                                                | GILL, A M                                                                           |                                                          |                   | 32 NAME                          |              |                                                                                         |                                                                   |                  |                                    | <del>"</del>             |                                |  |
| STREET ADDRESS                                      | 400 RENAISSANCE CTR, STE 1700                                                       |                                                          |                   | REET                             | address      |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
| CITY - ST - ZIP                                     | DETROIT MI                                                                          |                                                          | 3.4. CO           | IY-S                             | T-ZIP        |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
| TITLE                                               | C DELETE                                                                            |                                                          | 4 1 TIT           | 4 1 TITLE                        |              | Dire                                                                                    | ctor                                                              |                  |                                    | Change                   | Addition                       |  |
| NAME                                                | VOGEL, DIETER, DR.                                                                  |                                                          | 4. 2 NA           |                                  |              |                                                                                         |                                                                   |                  |                                    |                          |                                |  |
| STREET ADDRESS                                      | HANS-GUENTHER-SOHL-STRA                                                             | ISSEE 1                                                  |                   |                                  | ADDRESS      | Augu                                                                                    | ust-Thyssen-Strass                                                | se 1             |                                    |                          |                                |  |
| CITY - \$1 - ZIP                                    | DUSSSELDORF GE                                                                      | X DELETE                                                 | 4.4 CIT           |                                  | T-ZIP        | FVP                                                                                     | sseldorf 40211, G                                                 | erma             | any ,                              | Change                   | Addition                       |  |
| TITLE<br>NAME                                       | EVP<br>Dresbach, kyle e                                                             | ₩ pririt                                                 | 5.1 TIT<br>5.2 NA |                                  |              | k .                                                                                     | ell N. Stroud                                                     |                  | •                                  | Pi Dudiña                | Advition                       |  |
| STREET ADDRESS                                      | 400 RENAISSANCE CTR, STE                                                            | 1700                                                     |                   |                                  | ADDRESS      | ł                                                                                       | Renaissance Cent                                                  | er '             | Sulta                              | 1700                     |                                |  |
| City - St - ZIP                                     | DETROIT MI                                                                          | 11 44                                                    |                   |                                  |              |                                                                                         | rolt, MI                                                          | UI, 1            | ~41 LT                             |                          |                                |  |
| TITLE                                               | EVP                                                                                 |                                                          |                   | 5.4 CITY - ST - ZIP<br>6.1 TITLE |              |                                                                                         | rman                                                              |                  |                                    | Change                   | <b>X</b> Addition              |  |
| NAME                                                | OEHLER, WALTER J.                                                                   |                                                          | 6.2 NA            | 6.2 NAME                         |              | 1                                                                                       | s-Erich Forster                                                   |                  |                                    |                          |                                |  |
| STREET ADDRESS                                      | 400 RENAISSANCE CTR, STE                                                            | 1700                                                     | 6.3 STI           | REET.                            | ADDRESS      | 1                                                                                       |                                                                   | 44               | •                                  |                          |                                |  |
| City - SI - 7IP                                     | DETROIT MI                                                                          |                                                          | 6 4 CIT           | Y-S]                             | T-ZIP        | 4                                                                                       | Guenther-Sohl-S                                                   |                  |                                    |                          |                                |  |
| 14. I do herel                                      | by certify that the information supplie<br>in inclicated on this annual report or : | d with this filing does not qual                         | ify for the d     | exel                             | mption s     | inted in                                                                                | signature shall have the com-                                     | (alue)           | Murther<br>effect as               | certify that             | t the                          |  |
| Lam an o                                            | fficer or director of the corporation of                                            | the receiver or trustee empor                            | vered to e        | xec                              | ute this r   | report as                                                                               | required by Chapter 607, Flo                                      | rida St          | atules; an                         | d that my                | name                           |  |
| appears i                                           | in Block 12 or Block 13 t changed, o                                                | e on an attachment with an ad                            | uress.            |                                  |              |                                                                                         |                                                                   |                  |                                    |                          | ı                              |  |

**SIGNATURE:** 

CER OR DIRECTOR A. MALCOLM GILD 1/13/97 (313)567-5600

**FILED** 

Jan 31 1997 8:00am

Secretary of State



# THYSSEN INC. CORPORATE OFFICERS December 1996

### 400 Renaissance Center Sulte 1700 Detroit, MI 48243

Dr. Hans-Erich Forster Chairman

Mr. Kenneth J. Graham President and CEO

Mr. Walter Oehler Executive Vice President

and CFO

Mr. Russell N. Stroud Executive Vice President

Mr. Hans J. Schmidt Executive Vice President

Mr. Holger Flieth Executive Vice President

Mr. Klaus B. Makosch Executive Vice President

Mr. Nicholas Tolerico Executive Vice President,

Information Services and

**Human Resources** 

Mr. A. Malcolm Gill Senior Vice President and

Secretary

Ms. Antoinette Segitz Vice President / Controlling

Mr. Alfred K. Weisenbeck Vice President and

Treasurer



## THYSSEN INC. BOARD OF DIRECTORS

Mr. Thomas B. Adams 4783 W. Wickford Bloomfield Hills, MI 48302

Mr. James H. Brandi Managing Director Dillon, Read & Co., Inc. 535 Madison Avenue New York, NY 10022

Mr. Siegfried Buschmann Chairman/CEO The Budd Company 3155 West Big Beaver Road Troy, MI 48084

Mr. David E. Cole
Director
The University of Michigan
Transportation Research
Institute
2901 Baxter Road
Ann Arbor, MI 48109-2150

Mr. David E. Davis, Jr. Editor/Publication Director Automobile Magazine 120 East Liberty Ann Arbor, MI 48104

Dr. Hans-Erich Forster Chairman Thyssen Handelsunion AG Hans-Günther-Sohl-Straße 1 40235 Düsseldorf, Germany Mr. Kenneth J. Graham President/CEO Thyssen Inc., N.A. 400 Renaissance Center Suite 3900 Detroit, MI 48243

Dr. Wolfgang Kohler
Member of the Board
Executive V.P./Sales
Thyssen Stahl AG
Kaiser-Wilhelm-Straße 100
47166 Duisburg, Germany

Mr. Josef von Riederer Member of the Board Thyssen Handelsunion AG Hans-Günther-Sohl-Straße 1 40235 Düsseldorf, Germany

Dr. Ekkehard Schulz Chairman Thyssen Stahl AG Kaiser-Wilhelm-Straße 100 47166 Duisburg, Germany

Dr. Dieter H. Vogel Chairman Thyssen Aktiengesellschaft August-Thyssen-Straße 1 40211 Düsseldorf, Germany