

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **841781** (8)
1. Corporation Name
THYSSEN, INC.



Principal Place of Business 400 RENAISSANCE CTR STE 1700 DETROIT MI 48243 US	Mailing Address 400 RENAISSANCE CTR STE 1700 DETROIT MI 48243 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1978	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-5681126		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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		85 Zip Code FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOGEL, DIETER, DR.	4.2 NAME	EVP/DIRECTOR
STREET ADDRESS	AUGUST-THYSSEN-STRASSE 1	4.3 STREET ADDRESS	HOWENSTEIN, WILLIAM K.
CITY-ST-ZIP	DUESSELDORF 40211 GE	4.4 CITY-ST-ZIP	400 RENAISSANCE CENTER, STE 1700
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUD, RUSSELL	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	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANS-ERICH FORSTER	6.2 NAME	
STREET ADDRESS	HANS-GUENTHER-STRASSE 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUESSELDORF 40235 GE	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)