

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90065 021 ***150.00

DOCUMENT # 841781

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1978

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAHAM, KENNETH J	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	
CITY-STATE-ZIP	DETROIT MI	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	WEISENBECK, ALFRED K	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	
CITY-STATE-ZIP	DETROIT MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GILL, A M	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	
CITY-STATE-ZIP	DETROIT MI	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HOWENSTEIN, WILLIAM K.	
STREET ADDRESS	400 RENAISSANCE CENTER, STE 1700	
CITY-STATE-ZIP	DETROIT MI 48243	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	STROUD, RUSSELL	
STREET ADDRESS	400 RENAISSANCE CTR, STE 1700	
CITY-STATE-ZIP	DETROIT MI	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HANS-ERICH FORSTER	
STREET ADDRESS	HANS-GUENTHER-STRASSE 1	
CITY-STATE-ZIP	DUESSELDORF 40235 GE	

13. ADDITIONS/CHANGES-TO-OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	Director only <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	EVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Holger Flieth
5.3 STREET ADDRESS	400 Renaissance Center, Ste. 1700
5.4 CITY-STATE-ZIP	Detroit, MI 48243
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED V.P. / SECRETARY

3/19/99 313-567-5600

Date

Daytime Phone #

CR2E034 (11/98)