

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90056 037 ***150.00

DOCUMENT # 841781

1. Entity 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 48243-1677
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-5681126

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

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

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 PD
NAME GRAHAM, KENNETH J
STREET ADDRESS 400 RENAISSANCE CTR, STE 1700
CITY-ST-ZIP DETROIT MI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TVP
NAME WEISENBECK, ALFRED K
STREET ADDRESS 400 RENAISSANCE CTR, STE 1700
CITY-ST-ZIP DETROIT MI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME GILL, A M
STREET ADDRESS 400 RENAISSANCE CTR, STE 1700
CITY-ST-ZIP DETROIT MI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HOWENSTEIN, WILLIAM K.
STREET ADDRESS 400 RENAISSANCE CENTER, STE 1700
CITY-ST-ZIP DETROIT MI 48243

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EVP
NAME HOLGER, FLIETH
STREET ADDRESS 400 RENAISSANCE CTR, STE 1700
CITY-ST-ZIP DETROIT MI 48243

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE C
NAME HANS-ERICH FORSTER
STREET ADDRESS HANS-GUENTHER-STRASSE 1
CITY-ST-ZIP DUESSELDORF 40235 GE

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Malcolm Gill A MALCOLM GILL 3/10/00 313-567-5632

CR2E034 (9/99)