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 24 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845752** **(5)**

1. Corporation Name
THE STROH BREWERY COMPANY

Principal Place of Business	Mailing Address
100 RIVER PLACE DETROIT MI 48207-291 US	100 RIVER PLACE DETROIT MI 48207-291 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1980	04/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 48207-4291 / 25	Zip / Country 29 48207-4291 / 30

4. FEI Number **38-1078840** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	CD	1.1 TITLE		☒ Change ☐ Addition
NAME	STROH, PETER W.	1.2 NAME		
STREET ADDRESS	194 PROVENCAL RD	1.3 STREET ADDRESS	26 Waverly Lane	
CITY-ST-ZIP	GROSSE POINTE MI	1.4 CITY-ST-ZIP	Grosse Pointe Farms, MI 48236	
TITLE	VC	2.1 TITLE	T	☒ Change ☐ Addition
NAME	HINTZ, WALTER R.	2.2 NAME	Vincent M. Abatemarco	
STREET ADDRESS	2110 BENT TRAIL CT	2.3 STREET ADDRESS	22508 Metamora Dr.	
CITY-ST-ZIP	ANN ARBOR MI	2.4 CITY-ST-ZIP	Birmingham, MI 48010	
TITLE	CD	3.1 TITLE		☐ Change ☐ Addition
NAME	RUEMENAPP, HAROLD A	3.2 NAME		
STREET ADDRESS	11005 HARBOR PLACE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLAIR SHORES MI	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, WILLIAM L.	4.2 NAME		
STREET ADDRESS	710 WATERSHED RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	SORTWELL, CHRISTOPHER T.	5.2 NAME		
STREET ADDRESS	950 E. GLENGARRY CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI	5.4 CITY-ST-ZIP		
TITLE	VS	6.1 TITLE		☐ Change ☐ Addition
NAME	KUEHN, GEORGE E.	6.2 NAME		
STREET ADDRESS	2827 ENGLAVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.T. Sortwell x C.T. Sortwell 4/12/95 313-446-2463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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