

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
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90047 031 ***150.00

DOCUMENT # 845752

1. Corporation Name
THE STROH BREWERY COMPANY

Principal Place of Business

100 RIVER PLACE
DETROIT MI 48207-291
US

Mailing Address

100 RIVER PLACE
TAX DEPARTMENT
DETROIT MI 48207-291
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1980

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ DELETE

NAME D
STROH, PETER W.
STREET ADDRESS 26 WAVERLY LANE
CITY-ST-ZIP GROSS POINTE FARMS MI

TITLE ☐ DELETE

NAME VT
ABATEMARCO, VINCENT M
STREET ADDRESS 3627 MAXWELL CT
CITY-ST-ZIP BLOOMFIELD MI

TITLE ☐ DELETE

NAME V
CURRIE, JOHN L
STREET ADDRESS 12391 WHITE TAIL COURT
CITY-ST-ZIP PLYMOUTH MI

TITLE ☐ DELETE

NAME PCD
HENRY, WILLIAM L.
STREET ADDRESS 710 WATERSHED RD.
CITY-ST-ZIP ANN ARBOR MI

TITLE ☐ DELETE

NAME VCFO
SORTWELL, CHRISTOPHER T.
STREET ADDRESS 950 E. GLENGARRY CIRCLE
CITY-ST-ZIP BLOOMFIELD HILLS MI

TITLE ☐ DELETE

NAME VS
KUEHN, GEORGE E.
STREET ADDRESS 2627 ENGLAVE
CITY-ST-ZIP ANN ARBOR MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: X SIGNATURE REQUIRED. Currie 4/5/99 313-446-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)