

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90957 007 ***150.00

DOCUMENT # 853109
 1. Entity Name
CONTI ELECTRIC INC.

Principal Place of Business 6417 CENTER DR STERLING HEIGHTS MI 48312 US	Mailing Address 6417 CENTER DR STERLING HEIGHTS MI 48312-2600 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	38-1884765	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONTI, JOHN A. 8900 WASHINGTON BLVD., H.T. 103A PEMBROKE PINES FL 33025	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State: 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Delete <input type="checkbox"/>	NAME CONTI, JOHN A. STREET ADDRESS 313 WEST GIRARD CITY-ST-ZIP MADISON HEIGHTS MI	TITLE PRESIDENT - SEC. Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME PAUL DUHAIME STREET ADDRESS 6417 CENTER DRIVE CITY-ST-ZIP STERLING HEIGHTS, MI. 48312
TITLE P Delete <input checked="" type="checkbox"/>	NAME CONTI-DUHAIME, AMANDA STREET ADDRESS 313 WEST GIRARD CITY-ST-ZIP MADISON HEIGHTS MI	TITLE TREASURER Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME ANDREW CONTI STREET ADDRESS 6417 CENTER DRIVE CITY-ST-ZIP STERLING HEIGHTS, MI. 48312
TITLE VP Delete <input type="checkbox"/>	NAME JUERGENS, H. MICHAEL STREET ADDRESS 313 WEST GIRARD CITY-ST-ZIP MADISON HEIGHTS MI	TITLE VP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME MICHAEL H. JUERGENS STREET ADDRESS 6417 CENTER DRIVE CITY-ST-ZIP STERLING HEIGHTS, MI. 48312
TITLE ST Delete <input type="checkbox"/>	NAME CONTI, ANDREW STREET ADDRESS 313 WEST GIRARD CITY-ST-ZIP MADISON HEIGHTS FL	TITLE D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME JOHN A CONTI STREET ADDRESS 6417 CENTER DRIVE CITY-ST-ZIP STERLING HEIGHTS, MI 48312
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

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: PAUL DUHAIME/PRESIDENT Date: 3/28/00 Daytime Phone #: 810-274-4800

CR2E034 (9/99)