

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 025 ***150.00

0649037 AT

DOCUMENT # F02000004472

1. Entity Name
DTE ENERGY TECHNOLOGIES, INC.



Principal Place of Business
2000 SECOND AVE.
DETROIT MI 48226

Mailing Address
2000 SECOND AVE.
DETROIT MI 48226

2. Principal Place of Business
37849 Interchange Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FARMINGTON HILLS MI

City & State

4. FEI Number **38-3394820**

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME **BUCKLER, ROBERT J**
STREET ADDRESS **37849 INTERCHANGE DR.**
CITY-ST-ZIP **FARMINGTON HILLS MI 48335**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **HORST, G. PAUL**
STREET ADDRESS **37849 INTERCHANGE DR.**
CITY-ST-ZIP **FARMINGTON HILLS MI 48335**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVPS** ☐ Delete
NAME **BEALE, SUSAN M**
STREET ADDRESS **2000 SECOND AVE.**
CITY-ST-ZIP **DETROIT MI 48226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FAHRNER, JAMES J**
STREET ADDRESS **37849 INTERCHANGE DR.**
CITY-ST-ZIP **FARMINGTON HILLS MI 48335**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☐ Delete
NAME **KHOURI, NAIF A**
STREET ADDRESS **2000 SECOND AVE.**
CITY-ST-ZIP **DETROIT MI 48226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EARLEY, ANTHONY F JR**
STREET ADDRESS **2000 SECOND AVE.**
CITY-ST-ZIP **DETROIT MI 48226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4-28-03 **(248.427.2086)**
Date **Daytime Phone #**

CR2E034 (10/02)