2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

300 E LONG LAKE RD

DI COMEIEI DI MILLI SI MILAGONA, 2277

DOCUMENT # F93000001784

Entity Name

Principal Place of Business

*** E LONG LAKE RD

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EISENMANN PROPERTIES, INC.

- F	ILCS MI 10004	US TREES WIT 40	30+2011	1 140 HAR 1160 1010 1010 BANK BANK BANK BANK BANK HARK HARK HARK 100 H		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
-	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent		
			Name	and the second s		
MARQUARDT, EMIL C JR. 400 CLEVELAND STREET CLEARWATER FL 34615			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	AIWAILITE OTOTO		Cíty	FL Zip Code		
8. The above	e named entity submits this statement for	the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NO	TE: Registered Agent signature re	equired 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 St				
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME	EISENMANN, PETER		NAME			
STREET ADDRESS	TUEBINGER STRASSE 81		STREET ADDRESS			
CITY-ST-ZIP	BOEBLINGEN GE		CITY-ST-ZIP			
TITLE	vs	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME	SCHWARZ, ALOYS K	L. 201010	NAME			
STREET ADDRESS	300 E LONG LAKE RD., STE. 365		STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD HILLS MI		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME	SCHUBERT, ANGELA	- Delete	NAME			
STREET ADDRESS	TUEBINGER STRASSE 81		STREET ADDRESS			
CITY-ST-ZIP	BOEBLINGEN GE		CITY-ST-ZIP			
	D	☐ Delete	TITLE	☐ Change ☐ Additio		
TITLE NAME	MITTENZWEI, EVA	□ Delete	TITLE NAME	Gliange Abbilito		
	TUEBINGER STRASSE 81		STREET ADDRESS			
CITY-ST-ZIP	BOEBLINGEN GE		CITY-ST-ZIP			
	PT DUEDLINGEN GE			□ N □ 1.00		
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio		
NAME	DUDA, KLAUS		NAME			
STREET ADDRESS	TUEBINGER STR. 81		STREET ADDRESS			
CITY-ST-ZIP	BOOBLINGEN GE	_	CITY-ST-ZIP			
TITLE	}	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME	}		NAME	•		
STREET ADDRESS			STREET ADDRÉSS			

CITY-ST-ZIP

Vice President 1-7-00

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

FILED

Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90111 016 ***150.00