2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am DOCUMENT # F93000001784,,, **Secretary of State** 1. Entity Name 02-04-2004 90067 034 ***150.00 EISENMANN PROPERTIES, INC. Principal Place of Business Mailing Address 300 E LONG LAKE RD 300 E LONG LAKE RD #4001070 SUITE 365 **BLOOMFIELD HILLS MI 48304 BLOOMFIELD HILLS MI 48304** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 38-2400501 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARQUARDT, EMIL C JR. Street Address (P.O. Box Number is Not Acceptable) 400 CLEVELAND STREET **CLEARWATER FL 34615** 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **VTS** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME SCHWARZ, ALOYS K NAME 300 E LONG LAKE RD., STE. 365 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOOMFIELD HILLS MI** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE SCHUBERT, ANGELA E NAME NAME STREET ADDRESS BOMMEN 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTERSWILEN SW ch-8573 TITLE Delete TITLE Change Addition MAME MITTENZWEI, EVA-NAME STREET ADDRESS SCHLEISSHEIMER ST. 80C STREET ADDRESS MUNICH GM D-807-7 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition DUDA, KLAUS NAME NAME TUEBINGER STR. 81 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOOBLINGEN GE** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete SCHUBERT, THOMAS NAME NAME BION ST. 18 STREET ADDRESS STREET ADDRESS ZURICH SW ch -8006 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change MITTENZWEI, CHARLOTTE NAME NAME SCHLEISSHEIMER ST. 80 STREET ADDRESS STREET ADDRESS MUNICH GM D-807-7 CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: 34: ALOYS K. Sch Warz, Vice Tres. 1-27-204 248-645-1444

12. Uhereby 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.