

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91415 035 \*\*\*150.00

0648883 AT

**DOCUMENT # F9400000607**

1. Entity Name  
**EPSILON PROPERTIES, INC.**



Principal Place of Business  
**275 BATTERY STREET 23RD FL  
SAN FRANCISCO CA 94105  
US**

Mailing Address  
**C/O FORD MOTOR COMPANY  
P.O. BOX 1758 MAILDROP C56  
DEARBORN MI 48126-  
US**

**11040265**



2. Principal Place of Business  
**One American Road**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**Dearborn, Michigan**

City & State  
**Dearborn, Michigan**

4. FEI Number  
**94-3192790**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President MARKLEY, JOHN ONE AMERICAN RD DEARBORN MI 48126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary MCKINLAY, SCOTT ONE AMERICAN ROAD DEARBORN MI 48126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP KROGIUS, KARIN ONE AMERICAN ROAD DEARBORN MI 48126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO ALVAREZ, RENE ONE AMERICAN ROAD DEARBORN MI 48126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Controller FRANZEE, JACK ONE AMERICAN ROAD DEARBORN MI 48126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director MARKLEY, JOHN ONE AMERICAN ROAD DEARBORN MI 48126</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director malcolm S. Macdonald One American Road Dearborn MI 48126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary / VP Peter Sherry, Jr. One American Road Dearborn MI 48126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Assistant Secretary Krogias, Karen One American Road Dearborn, MI 48126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/CFO/Director Richard Lewnau One American Road Dearborn MI 48126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Ann Marie Petach One American Road Dearborn MI 48126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Peter Sherry, Jr. One American Road Dearborn MI 48126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED**  
Kathryn S. Lampido  
Assistant Secretary

04/29/03

Date Daytime Phone #

CR2E034 (10/02)