

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90049 010 ***150.00

DOCUMENT # F94000004659

1. Entity Name
KRUPP HOESCH STEEL PRODUCTS, INC.

Principal Place of Business

**180 INTERSTATE NORTH PKWY
 STE 500
 ATLANTA GA 30339
 US**

Mailing Address

**180 INTERSTATE NORTH PKWY
 STE 500
 ATLANTA GA 30339
 US**

651584



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**400 RENAISSANCE CENTER
 Suite, Apt. #, etc.
 STE. 1700, TAX DEPT.**

3. Mailing Address

**400 RENAISSANCE CENTER
 Suite, Apt. #, etc.
 STE. 1700, TAX DEPT.**

City & State

DETROIT MI

City & State

DETROIT MI

4. FEI Number **58-1594889**

Applied For

Not Applicable

Zip

48243

Country

WAYNE

Zip

48243

Country

WAYNE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAMP, HANS J	
STREET ADDRESS	180 INTERSTATE NORTH PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARAVAR, ANTONIO	
STREET ADDRESS	180 INTERSTATE NORTH PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KUBISIAK, BERND	
STREET ADDRESS	180 INTERSTATE NORTH PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUINT, REINHARD	
STREET ADDRESS	180 INTERSTATE NORTH PARKWAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VETTER, HARRY	
STREET ADDRESS	180 INTERSTATE NORTH PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PFITZNER, MICHAEL	
STREET ADDRESS	180 INTERSTATE NORTH PKWY	
CITY-ST-ZIP	ATLANTA GA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, KENNETH	
STREET ADDRESS	400 REN CEN.	
CITY-ST-ZIP	DETROIT, MI 48243	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NALD, BERNARD	
STREET ADDRESS	400 REN CEN.	
CITY-ST-ZIP	DETROIT, MI 48243	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOERTZ, NORBERT	
STREET ADDRESS	400 REN CEN	
CITY-ST-ZIP	DETROIT, MI 48243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OEHLER, WALTER	
STREET ADDRESS	400 REN CEN	
CITY-ST-ZIP	DETROIT, MI 48243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILL, MALCOLM	
STREET ADDRESS	400 REN CEN	
CITY-ST-ZIP	DETROIT, MI 48243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

313 566-7443

Daytime Phone #

CR2E034 (10/00)