2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

signature and vped on printed name of signing officer or director Gary R. Broad, President

FILED Jun 05, 2000 8:00 am Secretary of State DOCUMENT,# F95000003636 1. Entity Name MIDWEST STEEL ERECTION, INC. 06-05-2000 90020 010 ***150.00 Principal Place of Business Mailing Address 2525 E. GRAND BLVD. 2525 E. GRAND BLVD. DETROIT MI 48211 **DETROIT MI 48211-2001** 3. Mailing Address 2. Principal Place of Business Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 38-2871555 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **VPS** ☐ Addition Change TITLE TITLE ☐ Delete HAYES, EDWARD M NAME NAME 2525 E. GRAND BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DETROIT MI 48211** ☐ Addition Change ☐ Delete TITL F TITLE BROAD, GARY NAME NAME 2525 E. GRAND BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DETROIT MI 48211 VPTD Change Addition TITLE Delete TITLE SMITH, ROBERT F NAME NAME STREET ADDRESS 2525 E GRAND BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DETROIT MI ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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

Date 4/17/00 (313)873-*2220