

# 2000 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b>		F95000005044	
1. Entity Name			
ARGONAUT HOLDINGS, INC			
Principal Place of Business		Mailing Address	
MAIL CODE 482-C14-C66 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000		MAIL CODE 482-C14-C66 P. O. BOX 9025 DETROIT, MI. 48202-9025	

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90029 036 \*\*\*150.00

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
38-0542715	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T 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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> Delete
NAME	DEBRA L. HOMIC
STREET ADDRESS	MC 482-C14-C66, 300 RENAISSANCE CENTER
CITY - ST - ZIP	DETROIT, MI. 48265-3000
TITLE	V/PRESIDENT & DIRECTOR <input type="checkbox"/> Delete
NAME	ROCH X. McCLAIN
STREET ADDRESS	MC 482-C14-C66, 300 RENAISSANCE CENTER
CITY - ST - ZIP	DETROIT, MI. 48265-3000
TITLE	SECRETARY <input type="checkbox"/> Delete
NAME	BARBARA A. LISTER-TAIT
STREET ADDRESS	MC 482-C14-C66, 300 RENAISSANCE CENTER
CITY - ST - ZIP	DETROIT, MI. 48265-3000
TITLE	TREASURER & DIRECTOR <input type="checkbox"/> Delete
NAME	DAVID A. ROBSON
STREET ADDRESS	MC 482-C14-C66, 300 RENAISSANCE CENTER
CITY - ST - ZIP	DETROIT, MI. 48265-3000
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	ENRICO DIGIROLAMO, JR.
STREET ADDRESS	MC 482-C14-C66, 300 RENAISSANCE CENTER
CITY - ST - ZIP	DETROIT, MI. 48265-3000
TITLE	CHIEF TAX OFFICER <input type="checkbox"/> Delete
NAME	ROGER D. WHEELER
STREET ADDRESS	MC 482-C14-C66, 300 RENAISSANCE CENTER
CITY - ST - ZIP	DETROIT, MI. 48265-3000

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(l), 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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Roger D. Wheeler</i>	ROGER D. WHEELER	4/20/2000	(313) 665-3982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #