FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700003210 1. Corporation Name

DTE COMPANY

Principal Place of Business Mailing Address									
		1500 N. MANTUA ST.							
KENT OH 44240		KENT OH 44240			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualife			
						06/19/1997			
2. Principal Place of Business 2a. Mailing Address					-	4. FEI Number		Api	plied For
26		26				34-1095422		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	etc.			5. Certifcate of Status Desired		\$8.75 A	
27								Fee Re	`
¬ • • • • • • • • • • • • • • • • • • •		City & State	City & State			6. Election Campaign Financing	· 🗆	\$5.00	
23 28			Zip Country			Trust Fund Contribution		Added to	o rees
Zip	Country	Zip		untry		This corporation owes the cu Personal Property Tax.	rent year Ir		□No
24	25	29	30	1		10. Name and Address of New	Registered		
Name and Address of Current Registered Agent				81	Name			·	-
C T CORPORATION SYSTEM					0	(D.O. D. M	4-1-1-1		
1200 SOUTH PINE ISLAND ROAD				82	Street Add	dress (P.O. Box Number is Not Accep	(able)		
PLANTATION FL 33324				83		,			
								85 Zip C	ando.
				84	City		FI	L 85 240 C	,oue
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized. 				above	-named cor	rporation submits this statement for th	e purpose o	of changing its	registered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such change w tions of, Section 607.0505	as authorize Florida Sta	o by tutes.	tne corpora	tion's board of directors. I hereby acc	apt the appo	munent as rej	gisiereo
SIGNATURE	The second of th						~		
	Signature, typed or printed name of registered agen	<u>::</u>			t signature requi	red when reinstating)	DATE	NO DIDECTO	DC IN 12
12.	PDC N V AND OFFICERS AN		13			ADDITIONS/CHANGES TO O	FFICERS A	Change	Addition
TITLE				TTLE					
NAME	The same and the s		IAME					1	
STREET ADDRESS	STOW OH 44224				ADDRESS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE				☐ Change	Addition
TITLE	Warnke, Karl J	-		AME					_
NAME	800 WHEATFIELD DR.			2.3 STREET ADDRESS		•			
STREET ADDRESS	AURORA OH 44202	•		CITY-S	į.				
CITY-ST-ZIP TITLE	TD DELETE 3.17			1-21			Change	Addition	
NAME	ADANTE, DAVID E		3.21	AME					
STREET ADDRESS	1388 COLLEGE ST., S.E., N.		3.3 5	TREÉT	T ADDRESS	,			
CITY-\$T-ZIP	CANTON OH 44720		3.4.	CITY-S	iT-ZIP				
TITLE	С	☐ DELETI	4,17	TILE			•	☐ Change	Addition
NAME .	COMPORT, BRADLEY L		4.2	NAME					
STREET ADDRESS	2370 BRAFFERTON AVE.		4.3 9	STREET	T ADDRESS				
CITY-ST-ZIP				S-YTK	T-ZIP				
TITLE	S	DELETI		TLE			•	☐ Change	Addition
NAME	NICHOLAS, ROSEMARY T		1	AME		•		• •	
	7927 KING DD		535	TREET	TADDRESS				

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 annual report or supplemental annual 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 12 or Block 13 if chapter 607 or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RAVENNA OH 44266

DELETE

Change

Addition

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90172 029 ***150.00

DTE COMPANY

F9700003210 446966-90172-29

DIRECTORS & OFFICERS

May 21, 1997

DIRECTORS:

R. Douglas Cowan David E. Adante Karl J. Warnke

OFFICERS:

R. Douglas Cowan Karl J. Warnke David E. Adante Bradley L. Comport Rosemary T. Nicholas President
Vice President
Secretary-Treasurer
Controller
Assistant Secretary