

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91400 002 ***150.00

DOCUMENT # F97000003210

1. Entity Name -
DTE COMPANY

Principal Place of Business

Mailing Address

1500 N. MANTUA ST.
 KENT OH 44240

1500 N. MANTUA ST.
 KENT OH 44240-2372

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1095422

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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, 2000 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	PDC	<input type="checkbox"/> Delete
NAME	COWAN, R D	
STREET ADDRESS	1466 WIMBLEDON CIRCLE	
CITY-ST-ZIP	STOW OH 44224	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARNKE, KARL J	
STREET ADDRESS	800 WHEATFIELD DR.	
CITY-ST-ZIP	AURORA OH 44202	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADANTE, DAVID E	
STREET ADDRESS	1388 COLLEGE ST., S.E., N.	
CITY-ST-ZIP	CANTON OH 44720	
TITLE	C	<input type="checkbox"/> Delete
NAME	COMPORT, BRADLEY L	
STREET ADDRESS	2370 BRAFFERTON AVE.	
CITY-ST-ZIP	HUDSON OH 44236	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICHOLAS, ROSEMARY T	
STREET ADDRESS	7827 KING RD.	
CITY-ST-ZIP	RAVENNA OH 44266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(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

Date

Daytime Phone #

CR2E034 (9/99)