


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90114 019 ***158.75

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**

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1095422	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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. I am familiar with, and accept the obligations of registered agent.

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
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemary T. Nicholas, Asst Sec'y Date: 3-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #