

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004573

1. Entity Name

GP GENESIS CORP.

Principal Place of Business

280 DAINES STREET, SUITE 300
BIRMINGHAM MI 48009

Mailing Address

280 DAINES STREET, SUITE 300
BIRMINGHAM MI 48009

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 38-3449706

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RINES, MILTON
15235 S TAMiami TRAIL
FT MEYERS FL 33908

7. Name and Address of New Registered Agent

Name Rines, Milton

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

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, 2001 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 DP
NAME ZLOTOFF, PAUL M
STREET ADDRESS 280 DAINES STREET, SUITE 300
CITY-ST-ZIP BIRMINGHAM MI 48009 ☐ Delete

TITLE D
NAME WEISS, ARTHUR A
STREET ADDRESS 280 DAINES STREET, SUITE 300
CITY-ST-ZIP BIRMINGHAM MI 48009 ☐ Delete

TITLE VPS
NAME SOBERMAN, CHARLES A
STREET ADDRESS 280 DAINES STREET, SUITE 300
CITY-ST-ZIP BIRMINGHAM MI 48009 ☐ Delete

TITLE VPT
NAME KOSTER, GLORIA A
STREET ADDRESS 280 DAINES STREET, SUITE 300
CITY-ST-ZIP BIRMINGHAM MI 48009 ☐ Delete

TITLE AS
NAME ZUSSMAN, RICHARD A
STREET ADDRESS ONE WOODWARD AVE., SUITE 2400
CITY-ST-ZIP DETROIT MI 48226 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

(248)645-9220

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90067 003 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)