

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90111 045 \*\*\*150.00

**DOCUMENT # F99000001125**

1. Entity Name  
**ENKEI INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**32400 INDUSTRIAL DR      32400 INDUSTRIAL DR**  
**MADISON HEIGHTS MI 48071      MADISON HEIGHTS MI 48071-1527**

2. Principal Place of Business      3. Mailing Address  
**1401 Wheels Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**Jacksonville FL      Jacksonville FL      38-2505295      Not Applicable**

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**32218      USA                      \$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent                | 7. Name and Address of New Registered Agent   |
|--|---|
| MCVETY, JONATHAN<br>13291 VANTAGE WAY<br>JACKSONVILLE FL 32218 | Name <b>Jonathan McVety</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1401 Wheels Rd.</b><br>City <b>Jacksonville</b> FL      Zip Code <b>32218</b> |

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.  **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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>COX, GALEN R</b><br><b>32400 INDUSTRIAL DR</b><br><b>MADISON HEIGHTS MI 48071</b> <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>James Reiner</b><br><b>32400 Industrial Drive</b><br><b>Madison Heights MI 48071</b>                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD</b> <input checked="" type="checkbox"/> Delete<br><b>SEMMLER, HOWARD A JR</b><br><b>32400 INDUSTRIAL DR</b><br><b>MADISON HEIGHTS MI 48071</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President and Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Steven Terenzi</b><br><b>32400 Industrial Drive</b><br><b>Madison Heights MI 48071</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>SUZUKI, JUNICHI</b><br><b>ACT TOWER 26F, 111-2 ITAYA-MACHI</b><br><b>HAMAMATSU CITY, JAPAN</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President and Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Misao Kuribayashi</b><br><b>32400 Industrial Drive</b><br><b>Madison Heights MI 48071</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>PEASE, RICHARD B</b><br><b>2900 W. INWOOD DR</b><br><b>COLUMBUS IN 47201</b>                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Jonathan McVety</b><br><b>1401 wheels Rd.</b><br><b>Jacksonville FL 32218</b>                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>HATTORI, CHIKATOSHI</b><br><b>2900 W. INWOOD DR</b><br><b>COLUMBUS IN 47201</b>                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Steven Terenzi - Vice President + Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **01-05-00**      Telephone No: **248-585-3100**

CR2E034 (9/99)