

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001981

1. Entity Name

TI GROUP AUTOMOTIVE SYSTEMS CORPORATION

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90043 038 ***150.00

Principal Place of Business

12345 EAST NINE MILE ROAD
WARREN MI 48090

Mailing Address

12345 EAST NINE MILE ROAD
WARREN MI 48089-2614

2. Principal Place of Business

3. Mailing Address

12345 East Nine Mile Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Warren MI

Zip

Country

Zip

Country

48090-2001

USA

4. FEI Number

38-0384240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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, 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	D	<input type="checkbox"/> Delete
NAME	LAULE, WILLIAM J	
STREET ADDRESS	12345 EAST NINE MILE ROAD	
CITY-ST-ZIP	WARREN MI 48090	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, JOHN R	
STREET ADDRESS	12345 EAST NINE MILE ROAD	
CITY-ST-ZIP	WARREN MI 48090	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZOFF, JAMES H	
STREET ADDRESS	12345 EAST NINE MILE ROAD	
CITY-ST-ZIP	WARREN MI 48090	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KESSLER, RALPH K	
STREET ADDRESS	12345 EAST NINE MILE ROAD	
CITY-ST-ZIP	WARREN MI 48090	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, D. JAMES	
STREET ADDRESS	12345 EAST NINE MILE ROAD	
CITY-ST-ZIP	WARREN MI 48090	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MACNEIL, JOSEPH C	
STREET ADDRESS	12345 EAST NINE MILE ROAD	
CITY-ST-ZIP	WARREN MI 48090	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Lambourn Court
CITY-ST-ZIP	Abingdon Oxon OX14 1UH UK
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Lambourn Court
CITY-ST-ZIP	Abingdon Oxon OX14 1UH UK
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	375 Park Avenue
CITY-ST-ZIP	New York, NY 10152-0222
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	375 Park Avenue
CITY-ST-ZIP	New York, NY 10152-0222
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 #

1-31-00

CR2E034 (9/99)