2001 UNIFORM BUSINESS REPORT (UBR)

WARREN MI 48090

SIGNATURE AND TYPED OR

SIGNATURE: _

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # **F99000001981** 05-14-2001 90191 027 ***150.00 TI GROUP AUTOMOTIVE SYSTEMS CORPORATION Principal Place of Business Mailing Address 12345 EAST NINE MILE ROAD 12345 EAST NINE MILE ROAD 974174 WARREN MI 48090 WARREN MI 48090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-0384240 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Fiorida. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME LAULE, WILLIAM J NAME STREET ADDRESS LAMBOURN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVINGDON OXON OX1414H TITLE TITLE ☐ Delete ☐ Change ☐ Addition EDWARDS, JOHN R NAME NAME STREET ADDRESS LAMBOURN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVINGDON OXON OX 141UH UK 48090 TITLE X Delete TITLE Asst. Treasurer Change X Addition NAME KATZOFF, JAMES H NAME William Travis STREET ADDRESS STREET ADDRESS 375 PARK AVENUE 12345 East Nine Mile Rd. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10152 Warren, MI 48090 TITLE ☐ Delete TITLE TX Channe Addition NAME Kessler, ralph K NAME STREET ADDRESS 375 PARK AVENUE STREET ADDRESS 110 Algonquin CITY-ST-ZIP NEW YORK NY 10152 CITY-ST-7IP Whippany, NJ 07981 TITLE ☐ Delete TITLE ☐ Change Addition DAVIS, D. JAMES NAME STREET ADDRESS STREET ADDRESS 12345 EAST NINE MILE ROAD CITY-ST-ZIP CITY-ST-ZIP WARREN MI 48090 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition MACNEIL, JOSEPH C NAME NAME STREET ADDRESS 12345 EAST NINE MILE ROAD 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 the eport 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.

JOSEPH MACNEIL 4-12-01 (810) 758-45/1