## 2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P29198  1. Entity Name  CRAIN ASSOCIATED ENTERPRISES, INC. |                                                                                                                                                                                             |                                                                                                                       |                                     |                  |                                             | Secretary of State 02-19-2002 90035 029 ***150.00            |                   |                     |                            |  |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|---------------------------------------------|--------------------------------------------------------------|-------------------|---------------------|----------------------------|--|
| Principal Place<br>500 N DEARI<br>CHICAGO IL<br>US                    |                                                                                                                                                                                             | Mailing Address  1400 WOODBRIDGE ST DETROIT MI 48207-110 US  3. Mailing Address 1155 Gratiot Ave. Suite, Apt. #, etc. |                                     |                  |                                             |                                                              |                   |                     |                            |  |
| 2. Principal F<br>Suite, Apt.                                         | Place of Business #, etc.                                                                                                                                                                   |                                                                                                                       |                                     |                  | DO NOT WRITE IN THIS SPACE                  |                                                              |                   |                     |                            |  |
| City & Stat                                                           | te                                                                                                                                                                                          | City & State Detroit, MI 48207-2913                                                                                   |                                     |                  | <b>4.</b> F                                 | El Number<br><b>36-2637009</b>                               |                   | <del></del>         | plied For<br>t Applicable  |  |
| Zip                                                                   | Country                                                                                                                                                                                     | Zip                                                                                                                   | Country                             |                  |                                             | Certificate of Status Desired                                | Fee F             | 75 Addi<br>Required |                            |  |
|                                                                       | 6. Name and Address of Current Re                                                                                                                                                           | gistered Agent                                                                                                        | ·                                   | Name             | 7. <u>N</u>                                 | lame and Address of New Re                                   | egistered Agent   |                     |                            |  |
| SOOS, ROBERT<br>30036 OVERSEAS HWY                                    |                                                                                                                                                                                             |                                                                                                                       |                                     | Street Ad        | Address (P.O. Box Number is Not Acceptable) |                                                              |                   |                     |                            |  |
| BIG PINE                                                              | EKEY FL 33043                                                                                                                                                                               |                                                                                                                       | -                                   | City             | FL Zip Code                                 |                                                              |                   |                     | )                          |  |
| Tax filing<br>(See crite                                              | oration is eligible to satisfy its Intangible requirement and elects to do so ria on back)                                                                                                  | FILE NOW!!! FEE IS \$150:00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta            |                                     |                  | 50.00<br>of State                           | <b>10.</b> Election Campaign Fina<br>Trust Fund Contribution |                   | Ádded               | <b>0</b> May Be<br>to Fees |  |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | DS<br>CRAIN, MERRILEE P<br>711 THIRD AVE<br>NEW YORK NY 10017-5846                                                                                                                          | RECTORS  Delete                                                                                                       | 12. TITLE NAME STREET CITY-ST       | address<br>Zip   | AD                                          | DITIONS/CHANGES TO OFFI                                      |                   | CTORS<br>Change     | Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | V<br>MORROW, WILLIAM A.<br>1400 WOODBRIDGE AVE.<br>DETROIT MI. 48207-3187                                                                                                                   | ☐ Delete                                                                                                              | TITLE<br>NAME<br>STREET<br>CITY-ST  | ADDRESS<br>- ZIP |                                             | ratiot Ave.<br>t MI 48207-2997                               | <b>x</b> . c      | Change              | Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | CD<br>CRAIN, KEITH E.<br>1400 WOODBRIDGE AVE.<br>DETROIT MI 48207-3187                                                                                                                      | □ Delete                                                                                                              | TITLE<br>NAME<br>STREET.<br>CITY-ST | ADDRESS<br>- ZIP |                                             | ratiot Ave.<br>t MI 48207-2997                               |                   | Change              | ☐ Addition                 |  |
| TITLE<br>NAME<br>Street address<br>City-St-Zip                        | DP<br>CRAIN, RANCE E.<br>711 THIRD AVE<br>NEW YORK NY 10017-5846                                                                                                                            | ☐ Delete                                                                                                              | TITLE NAME STREET                   | ADDRESS<br>- Zip |                                             |                                                              |                   | Change              | Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | DT<br>CRAIN, MARY KAY<br>1400 WOODBRIDGE AVE<br>DETROIT MI 48207-3187                                                                                                                       | ☐ Delete                                                                                                              | TITLE NAME STREET                   | address<br>- Zip |                                             | ratiot Aÿe.<br>t, MI 48207–2997                              | _                 | Change              | ☐ Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |                                                                                                                                                                                             | ☐ Delete                                                                                                              | TITLE NAME STREET                   | ADDRESS<br>- ZIP |                                             |                                                              |                   | hange               | Addition                   |  |
| indicatéd<br>of the cor                                               | certify that the information supplied with th<br>I on this report or supplemental report is tr<br>rporation or the receiver or trustee empow<br>, or on an attachment with an address, will | ue and accurate and that my<br>ered to execute this report a                                                          | y signatuŕ                          | e shall ha       | ive the same I                              | egal effect as if made under o                               | ath; that I am an | officer of          | or director                |  |

SIGNATURE: Muchan Quantum V.P./

2/ /02

313/446-6000

Daytime Phone #