

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90075 006 ***150.00

06069225 AT

DOCUMENT # P34553

1. Entity Name
PFRS YAMATO CORP.

Principal Place of Business Mailing Address
79 ALFRED STREET 79 ALFRED STREET
DETROIT MI 48201 DETROIT MI 48201

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 Applied For
38-2975514 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P/D	<input checked="" type="checkbox"/> Delete
NAME	NEVIN, MICHEAL	
STREET ADDRESS	908 COLEMAN A. YOUNG MUNICIPAL CENTER	
CITY-ST-ZIP	DETROIT MI 48226	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FAIRWEATHER, WILLIAM	
STREET ADDRESS	908 COLEMAN A. YOUNG MUNICIPAL CENTER	
CITY-ST-ZIP	DETROIT MI 48226	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEXTON, NILES	
STREET ADDRESS	908 COLEMAN A. YOUNG MUNICIPAL CENTER	
CITY-ST-ZIP	DETROIT MI 48226	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CLARK, JOHN	
STREET ADDRESS	908 COLEMAN A. YOUNG MUNICIPAL CENTER	
CITY-ST-ZIP	DETROIT MI 48226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Knowles	
STREET ADDRESS	908 Coleman A. Young Municipal Center	
CITY-ST-ZIP	Detroit, MI 48226	
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		
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]* SECRETARY Date: **1-17-02** Daytime Phone #: **313-578-1205**

CR2E034 (9/01)