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Secretary of State

05-04-1999 90019 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37129**

1. Corporation Name
COPPER AND BRASS SALES, INC.

Principal Place of Business	Mailing Address
17401 TEN MILE ROAD EAST POINTE MI 48021 US	17401 TEN MILE ROAD EASTPOINTE MI 48021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/16/1992

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 38-0445860 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. *Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.*

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SABOL, WILLIAM G		1.2 NAME	SEE ATTACHED SCHEDULE	
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 1800		1.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILL, MALCOLM		2.2 NAME		
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 3900		2.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		2.4 CITY-ST-ZIP		
TITLE	EVP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FITZSIMONS, D.K.		3.2 NAME		
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 1800		3.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, W.C.		4.2 NAME		
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 1800		4.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, KENNETH		5.2 NAME		
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 3900		5.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 3900		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OEHLER, WALTER		6.2 NAME		
STREET ADDRESS	400 RENAISSANCE CENTER, SUITE 3900		6.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48243		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-21-99 810-775-7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)