2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90361 021 ***150.00

DOCUMENT # P37129

1. Entity 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 48021-1256 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 RENAISSANCE CENTER	400 RENAISSANCE CENTER
Suite, Apt. #, etc.: STE. 1700 - TAX DEPT.	Suite, Apt #, etc.: STE. 1700 - TAX DEPT.
City & State: DETROIT MI	City & State: DETROIT MI
Zip: 48243 Country: US	Zip: 48243 Country: US

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

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SABOL, WILLIAM G 400 RENAISSANCE CENTER, SUITE 1800 DETROIT MI 48243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GILL, MALCOLM 400 RENAISSANCE CENTER, SUITE 3900 DETROIT MI 48243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, KENNETH 400 RENAISSANCE CENTER, SUITE 3900 DETROIT MI 3900	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OEHLER, WALTER 400 RENAISSANCE CENTER, SUITE 3900 DETROIT MI 48243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER HARATSARIS, CONSTANTINOS 400 RENAISSANCE CENTER, STE. 1700 DETROIT MI 48243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E 013... (1/99)

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] CONSTANTINOS N. HARATSARIS TREASURER/ASST. SEC. 4-25-00 (313) 566-7443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #