2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90438 048 ***150.00

DOCUMENT # P37129

1. Entity Name
COPPER AND BRASS SALES, INC.

Principal Place of Business	Mailing Address
400 RENAISSANCE CENTER STE 1700-TAX DEPT. DETROIT MI 48243 US	400 RENAISSANCE CENTER STE 1700-TAX DEPT. DETROIT MI 48243 US

DO NOT WRITE IN THIS SPACE

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 38-0445860 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GILL, MALCOLM 400 RENAISSANCE CENTER, SUITE 3900 DETROIT MI 48243	☐ Delete	S/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, KENNETH 400 RENAISSANCE CENTER, SUITE 3900 DETROIT MI 3900	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OEHLER, WALTER 400 RENAISSANCE CENTER, SUITE 3900 DETROIT MI 48243	☒ Delete	D LIMBERG, JOACHIM 400 RENAISSANCE CENTER STE 3900 DETROIT MI 48243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS FUNKE, JUERGEN 400 RENAISSANCE CENTER, STE 1700 DETROIT MI 48243	☒ Delete	TAS RYDZEWSKI, LARRY 400 RENAISSANCE CENTER STE 1800 DETROIT MI 48243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V ROBINS, STEVEN 400 RENAISSANCE CENTER STE 1800 DETROIT MI 48243	☐ Change ☒ Addition

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 REQUIRED A. MALCOLM GILL 4/9/02 (313) 566-7443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY, DIRECTOR Date Daytime Phone #

CR2E034 (9/01)