

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90137 039 \*\*\*150.00

**DOCUMENT # P39274**

1. Entity Name

**DURAKON INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

**2101 N. LAPEER ROAD  
 LAPEER MI 48446**

**2101 N. LAPEER ROAD  
 LAPEER MI 48446-8611**

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

**38-2492342**

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 RD.  
 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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DAVID W	
STREET ADDRESS	2101 N LAPEER ROAD	
CITY - ST - ZIP	LAPEER MI	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ARONOW, DAVID	
STREET ADDRESS	1891 TROMBLY ST	
CITY - ST - ZIP	DETROIT MI 48211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEETER, ROBERT	
STREET ADDRESS	2001 COMMONWEALTH BLVD	
CITY - ST - ZIP	ANN ARBOR MI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOB, RICHARD J	
STREET ADDRESS	333 W FIRST ST SUITE 424	
CITY - ST - ZIP	DAYTON OH	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, JAMES C	
STREET ADDRESS	2101 N. LAPEER RD	
CITY - ST - ZIP	LAPEER MI 48446	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	FISHER, PHILLIP	
STREET ADDRESS	TWENTY-SEVENTH FLOOR FISHER BLDG	
CITY - ST - ZIP	DETROIT MI	

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM WADE	
STREET ADDRESS	2101 N. LAPEER RD.	
CITY - ST - ZIP	LAPEER, MI 48446	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG PARR	
STREET ADDRESS	2101 N. LAPEER RD.	
CITY - ST - ZIP	LAPEER, MI 48446	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGUS C. LITTLEJOHN, JR.	
STREET ADDRESS	115 EAST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH, CT 06830	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL KLEIN	
STREET ADDRESS	115 EAST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH, CT 06830	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY F. WEYHER III	
STREET ADDRESS	115 EAST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH, CT 06830	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)