2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F06000003311 02-11-2008 90042 017 ***150 00 AUTO CLUB SERVICES, INC. Mailing Address Principal Place of Business \$00STar 1 AUTO CLUB DRIVE 1 AUTO CLUB DRIVE DEARBORN, MI 48126 DEARBORN, MI 48126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 CR2E034 (12/06) Cha-P City & State City & State 4. FFI Number Applied For 38-3370446 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Addition TITLE ☐ Change PODOWSKI, CHARLES H NAME NAME 1 AUTO CLUB DRIVE STREET ADORESS STREET ADDRESS DEARBORN, MI 48126 CITY-ST-ZIP CITY-ST-ZIP SVP TITLE ☐ Delete TITLE ☐ Change ■ Addition FEDERICI, ANN F NAME NAME STREET ADDRESS 1 AUTO CLUB DRIVE STREET ADDRESS DEARBORN; MI- 48126 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME WHITE, RICHARD T NAME 1 AUTO CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEARBORN, MI: 48126 CITY+ST-ZIP TITLE **TCFO** ☐ Delete TITLE ☐ Change ■ Addition MCELROY; J. TERRY NAME NAME STREET ADDRESS 1 AUTO CLUB DRIVE STREET ADDRESS City-ST-ZIP DEARBORN; MI 48126 CITY-ST-ZIP Delete PCOO TITLE ☐ Change ☐ Addition WOOLWINE, LINDA M NAME NAME 22502 WESSEX STREET ADDRESS STREET ADDRESS FARMINGTON HILLS, MI 48336 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAZZOLA, CHARLES NAME NAME STREET ADDRESS 6514 SHAGBARK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TROY, MI 48090 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an appears in Block 10 or Block 11 if 1/30/08 (313) 336-1284 SIGNATURE:

FILED Feb 11, 2008 8:00 am