

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006893

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: SALLY FOSTER, INC.

**Current Principal Place of Business:**

1414 E. MAPLE ROAD  
TROY, MI 480834019

**New Principal Place of Business:**

**Current Mailing Address:**

1414 E. MAPLE ROAD  
TROY, MI 480834019

**New Mailing Address:**

FEI Number: 38-3084766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIVERS, MARY ANN  
Address: 1414 E MAPLE RD.  
City-St-Zip: TROY, MI 48083

Title: EVP ( ) Delete  
Name: AUFDEMBERG, ANGELA  
Address: 1414 E MAPLE RD.  
City-St-Zip: TROY, MI 48083

Title: S ( ) Delete  
Name: O'BRIEN, GAIL  
Address: 1414 E MAPLE RD.  
City-St-Zip: TROY, MI 48083

Title: T ( ) Delete  
Name: PERIARD, MICHAEL  
Address: 1414 E MAPLE RD.  
City-St-Zip: TROY, MI 48083

Title: CAT ( ) Delete  
Name: HORTON, CHANTELL  
Address: 1414 E MAPLE RD.  
City-St-Zip: TROY, MI 48083

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANTELL HORTON

CAT

04/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date