## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 18, 2008 8:00 am Secretary of State 03-18-2008 90018 027 \*\*\*150.00 **DOCUMENT #845764** 1. Entity Name LITTLE CAESAR ENTERPRISES, INC. 40048183 Principal Place of Business Mailing Address 2211 WOODWARD AVENUE 2211 WOODWARD AVENUE DETROIT, MI 48201-3400 DETROIT, MI 48201-3400 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 38-1720166 Not Applicable Zip Zin Country 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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Delete Change . TITLE TITLE President ☐ Addition David Serivano 2211 Woodward Avenue ILITCH MICHAEL NAME NAME 2211 WOODWARD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DETROIT, MI 48201 CITY-ST-ZIP Detroit MI 48201 STD ☐ Delete Director Addition THUE TITLE Change Michael Ilitch ILITCH, MARIAN NAME NAME aall Woodward Avenue STREET ADDRESS 2211 WOODWARD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DETROIT, MI 482013400 <u>Detroit MI 48201</u> Change TITLE Delete TITLE ☐ Addition ILITCH, CHRISTOPHER 2211 WOODWARD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DETROIT, MI 48201 CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other live empowered

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