

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855247

Entity Name: JOHN CARLO, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

45000 RIVER RIDGE DR.
SUITE 200
CLINTON TOWNSHIP, MI 48038 US

New Principal Place of Business:

Current Mailing Address:

45000 RIVER RIDGE DR.
SUITE 200
CLINTON TOWNSHIP, MI 48038 US

New Mailing Address:

FEI Number: 38-1650909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: CATENACCI, CARLO J.
Address: 45000 RIVER RIDGE DR SUITE 200
City-St-Zip: CLINTON TOWNSHIP, MI 48038

Title: COO () Delete
Name: CATENACCI, JOSEPH E.
Address: 45000 RIVER RIDGE DR SUITE 200
City-St-Zip: CLINTON TOWNSHIP, MI 48038

Title: P () Delete
Name: CATENACCI, MICHAEL J
Address: 45000 RIVER RIDGE DR SUITE 200
City-St-Zip: CLINTON TOWNSHIP, MI 48038

Title: T () Delete
Name: ROBSON, JOHN T.
Address: 45000 RIVER RIDGE DRIVE
City-St-Zip: CLINTON TOWNSHIP, MI 48038

Title: VP () Delete
Name: JOHNSON, CURTIS
Address: 45000 RIVER RIDGE DR SUITE 200
City-St-Zip: CLINTON TOWNSHIP, MI 48038

Title: VP () Delete
Name: CATENACCI, JEANNIE
Address: 45000 RIVER RIAGE DR. STE 200
City-St-Zip: CLINTON TOWNSHIP, MI 48038

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
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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: JOHN T. ROBSON

TREA

04/13/2009

Electronic Signature of Signing Officer or Director

Date