

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001082

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: MOTORFIRST, INC.

**Current Principal Place of Business:**

12809 W. DODGE RD.  
OMAHA, NE 68154

**New Principal Place of Business:**

**Current Mailing Address:**

12809 W. DODGE RD.  
OMAHA, NE 68154

**New Mailing Address:**

FEI Number: 22-3704001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH 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: PD ( ) Delete  
Name: MOON, JEFFREY S  
Address: 12809 W. DODGE ROAD  
City-St-Zip: OMAHA, NE 68154

Title: CD ( ) Delete  
Name: BORIS, JOHN P  
Address: 400 GALLERIA OFFICENTRE, SUITE 200  
City-St-Zip: SOUTHFIELD, MI 48034

Title: VD ( ) Delete  
Name: DUNN, JOHN J JR.  
Address: 300 GALLERIA OFFICENTRE, SUITE 200  
City-St-Zip: SOUTHFIELD, MI 48034

Title: S ( ) Delete  
Name: QUENNEVILLE, CATHY L .  
Address: 3044 WEST GRAND BLVD., MC 482-1X3-301  
City-St-Zip: DETROIT, MI 48202

Title: D ( ) Delete  
Name: CALLAHAN, THOMAS D .  
Address: 3044 WEST GRAND BLVD., MC 482-1X3-301  
City-St-Zip: DETROIT, MI 48202

Title: GCSL ( ) Delete  
Name: FALIK, JOSEPH L .  
Address: 3031 WEST GRAND BLVD.  
City-St-Zip: DETROIT, MI 48202

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNIE L. TOWNSEND

AS

02/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date