2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005597

1. Entity Name
PENSION ASSET MANAGEMENT, INC.

Principal Place of Business
21500 HAGGERTY, STE. 100
NORTHVILLE, MI 48167

Mailing Address
21500 HAGGERTY, STE. 100
NORTHVILLE, MI 48167

02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3033758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	CAPOZZOLI, JOSEPH L
STREET ADDRESS	21500 HAGGERTY, STE. 100
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	VP
NAME	THOMPSON, GENE S
STREET ADDRESS	21500 HAGGERTY, STE. 100
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	S
NAME	BURT, KATHLEEN
STREET ADDRESS	21500 HAGGERTY, STE. 100
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	T
NAME	CAPOZZOLI, PAMELA
STREET ADDRESS	21500 HAGGERTY, STE. 100
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/06-80050-006 150.00

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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 like empowered.

SIGNATURE: _____ 3-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #