

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001905

1. Entity Name
ARBORTEXT, INC.



Principal Place of Business
**1000 VICTORS WAY
ANN ARBOR, MI 48108**

Mailing Address
**1000 VICTORS WAY
ANN ARBOR, MI 48108**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2440434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

1100000205823
01/31/05-80061-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIAVONE, RAYMOND 908 ARBORTUM DR SALINE, MI 48176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERALTA, DAVID 17806 MYRON ST., BLDG 149 LIVONIA, MI 48152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGGARTY, JAMES 396 BURR OAK DR ANN ARBOR, MI 48103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGUE, PROMED 525 UNIVERSITY AVE., STE 800 PALO ALTO, CA 943021922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOL, ALESSANDRO 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN, HUGO 206 SOUTH FIFTH ST ANN ARBOR, FL 48104

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave Peralta, CFO

1/30/05

734-997-0800

Date

Daytime Phone #