

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005206

FILED  
Apr 10, 2010  
Secretary of State

Entity Name: PAG ORLANDO GENERAL, INC.

## Current Principal Place of Business:

2555 TELEGRAPH RD  
BLOOMFIELD HILLS, MI 48302

## New Principal Place of Business:

2555 TELEGRAPH RD  
BLOOMFIELD HILLS, MI 48302 US

## Current Mailing Address:

2555 TELEGRAPH RD  
BLOOMFIELD HILLS, MI 48302

## New Mailing Address:

2555 TELEGRAPH RD  
BLOOMFIELD HILLS, MI 48302 US

FEI Number: 26-1207380

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: PRES  
Name: GROSSO, GLENN  
Address: 2555 TELEGRAPH RD  
City-St-Zip: BLOOMFIELD HILLS, MI 48302 US

Title: VP  
Name: PACE, EDWARD  
Address: 2555 TELEGRAPH RD  
City-St-Zip: BLOOMFIELD HILLS, MI 48302 US

Title: ST  
Name: SCHMITT, THOMAS E  
Address: 2555 TELEGRAPH RD.  
City-St-Zip: BLOOMFIELD HILLS, MI 48302 US

Title: DIR  
Name: WOLFE, BERNARD W  
Address: 2555 TELEGRAPH RD  
City-St-Zip: BLOOMFIELD HILLS, MI 48302 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DONATO

POA

04/10/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date