

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004249

FILED  
Apr 26, 2010  
Secretary of State

Entity Name: MARKETPLUS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

26255 AMERICAN DRIVE  
SOUTHFIELD, MI 48034

**New Principal Place of Business:**

**Current Mailing Address:**

26255 AMERICAN DRIVE  
SOUTHFIELD, MI 48034

**New Mailing Address:**

FEI Number: 71-1051888      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: CHRM  
Name: CUBBIN, ROBERT S  
Address: 26255 AMERICAN DRIVE  
City-St-Zip: SOUTHFIELD, MI 48034

Title: P  
Name: ALLEN, KENN R  
Address: 26255 AMERICAN DRIVE  
City-St-Zip: SOUTHFIELD, MI 48034

Title: SVD  
Name: COSTELLO, MICHAEL G (SVP)  
Address: 26255 AMERICAN DRIVE  
City-St-Zip: SOUTHFIELD, MI 48034

Title: VTD  
Name: SPAUN, KAREN M  
Address: 26255 AMERICAN DRIVE  
City-St-Zip: SOUTHFIELD, MI 48034

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: MICHAEL G. COSTELLO

SVP

04/26/2010

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

\_\_\_\_\_ Date