

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90308 006 \*\*\*150.00

DOCUMENT # F97000005526

1. Entity Name

QUESTAR CAPITAL CORPORATION

Principal Place of Business

1350 HIGHLAND DR. SUITE A  
ANN ARBOR MI 48108-2263

Mailing Address

1350 HIGHLAND DR. SUITE A  
ANN ARBOR MI 48108-2263

2. Principal Place of Business

655 Fairfield Ct.

3. Mailing Address

655 Fairfield Ct.

Suite, Apt. #, etc.

Ste. 200

Suite, Apt. #, etc.

Ste. 200

City & State

Ann Arbor, MI

City & State

Ann Arbor, MI

Zip

48108

Country

USA

Zip

48108

Country

USA

6. Name and Address of Current Registered Agent

GEREPKA, RICHARD  
2024 NW 37TH  
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	BOONE, ROBERT E	
STREET ADDRESS	1350 HIGHLAND DR, SUITE A	
CITY-ST-ZIP	ANN ARBOR MI 48108-2263	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHIMNER, SCOTT W	
STREET ADDRESS	1350 HIGHLAND DR, SUITE A	
CITY-ST-ZIP	ANN ARBOR MI 48108-2263	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAKENHEIMER, JOHN	
STREET ADDRESS	1350 HIGHLAND DR, SUITE A	
CITY-ST-ZIP	ANN ARBOR MI 48108-2263	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAVANAUGH, JASON P	
STREET ADDRESS	1350 HIGHLAND DR	
CITY-ST-ZIP	ANN ARBOR MI 48108-2263	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John H. Gakenheimer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

734-213-6000

CR2E034 (10/00)