


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # F98000002364 1. Entity Name MEADOWBROOK, INC. |  |
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|---|---|
| Principal Place of Business 26600 TELEGRAPH RD., STE. 300 ATTN: MICHAEL G. COSTELLO SOUTHFIELD, MI 48034 | Mailing Address 26600 TELEGRAPH RD., STE. 300 ATTN: MICHAEL G. COSTELLO SOUTHFIELD, MI 48034 |
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 38-1798156 | 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000013263
 01/26/04-80046-016 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CODE SEGAL, MERTON J 26600 TELEGRAPH ROAD SOUTHFIELD, MI 48034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CUBBIN, ROBERT S 26600 TELEGRAPH ROAD SOUTHFIELD, MI 48034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT SPAUN, KAREN M 26600 TELEGRAPH RD SOUTHFIELD, MI 48034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPGC COSTELLO, MICHAEL G 26600 TELEGRAPH ROAD SOUTHFIELD, MI 48034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, KENN R 26600 TELEGRAPH ROAD SOUTHFIELD, MI 48034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  MICHAEL G. COSTELLO 1-6-04 248-204-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #