

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90187 049 \*\*\*150.00

DOCUMENT # F98000002364

1. Entity Name  
 MEADOWBROOK, INC.



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

50048451



2. Principal Place of Business: 26255 American Drive  
 Suite, Apt. #, etc.

3. Mailing Address: 26255 American Drive  
 Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State: Southfield, MI

4. FEI Number: 38-1798156

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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

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. 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CODE SEGAL, MERTON J 26600 TELEGRAPH ROAD SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26255 American Drive Southfield, MI 48034-6112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUBBIN, ROBERT S 26600 TELEGRAPH ROAD SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SPAUN, KAREN M 26600 TELEGRAPH RD SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC COSTELLO, MICHAEL G 26600 TELEGRAPH ROAD SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KENN R 26600 TELEGRAPH ROAD SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary Michael O'Shea 26255 American Drive Southfield, MI 48034-6112

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 O'Shea Michael O'Shea 4/26/05 (248) 358-1100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #