

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90120 046 \*\*\*150.00

**DOCUMENT # F99000004643**

1. Entity Name  
**HOMESITE SOLUTIONS CORPORATION**

Principal Place of Business      Mailing Address  
**33 BLOOMFIELD HILLS PARKWAY #200**      **33 BLOOMFIELD HILLS PARKWAY #200**  
**BLOOMFIELD HILLS MI 48304**      **BLOOMFIELD HILLS MI 48304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3232737</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALSO, ROBERT J</b> <b>33 BLOOMFIELD HILLS PARKWAY #200</b> <b>BLOOMFIELD HILLS MI 48304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'BRIEN, MARK J</b> <b>33 BLOOMFIELD HILLS PARKWAY #200</b> <b>BLOOMFIELD HILLS MI 48304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>STOLLER, JOHN R</b> <b>33 BLOOMFIELD HILLS PARKWAY #200</b> <b>BLOOMFIELD HILLS MI 48304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOWEN, JAMES</b> <b>1509 W SWANN AVE # 240</b> <b>TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ZUKOFF, COLETTE R</b> <b>33 BLOOMFIELD HILLS PKWY # 200</b> <b>BLOOMFIELD HILLS MI 48304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTA</b> <b>ROBINSON, BRUCE E</b> <b>33 BLOOMFIELD HILLS PKWY # 200</b> <b>BLOOMFIELD HILLS MI 48304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Colette R. Zukoff*      **Colette R. Zukoff**      *3/30/01*      **(248) 644-7300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)

Attachment  
DH F99000004643  
A0045600

## Directors, Officers Report

### Homesite Solutions Corporation

Wednesday, March 28, 2001

#### DIRECTORS

**Robert J. Halso** **Director**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 220  
Bloomfield Hills, MI 48304

**Mark J. O'Brien** **Director**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**John R. Stoller** **Director**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

#### OFFICERS

**James Bowen** **President**  
Primary Address: 1509 W. Swann Ave., Ste. 240  
Tampa, FL 33606

**Vincent J. Frees** **Controller**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Chief Financial Officer**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Bruce E. Robinson** **Vice President**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Treasurer**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Asst. Secretary**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**John R. Stoller** **Vice President**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Secretary**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Calvin R. Boyd** **Asst. Secretary**  
Primary Address: 33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

Homesite Solutions Corporation

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Attachment  
D#F99000001613  
A0015606

**Nancy H. Gawthrop**

**Asst. Secretary**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Norma J. Machado**

**Assistant Secretary (Limited)**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Maureen E. Thomas**

**Asst. Secretary**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Colette R. Zukoff**

**Asst. Secretary**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304