


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000128288**

1. Entity Name  
 101 BUSINESS CENTER, INC.



Principal Place of Business: 21500 HAGGERTY ROAD, SUITE 100, NORTHVILLE, MI 48167

Mailing Address: 21500 HAGGERTY ROAD, SUITE 100, NORTHVILLE, MI 48167

**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 13-4225194

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

**DO NOT WRITE IN THIS SPACE**

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

TITLE	P
NAME	CAPOZZOLI, JOE
STREET ADDRESS	21500 HAGGERTY RD #100
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	VP
NAME	THOMPSON, GENE S
STREET ADDRESS	21500 HAGGERTY RD #100
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	T
NAME	CAPOZZOLI, PAMELA
STREET ADDRESS	21500 HAGGERTY RD #100
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	S
NAME	BURT, KATHLEEN J
STREET ADDRESS	21500 HAGGERTY RD #100
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/22/05-80003-016 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] 2-16-05 Date 248-305-8900 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR