

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 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



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000912015  
02/12/08-80028-025 150.00

**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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Capozzoli

Date

1-28-08

Daytime Phone #

248-205-8900