

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35007 (4)

1. Corporation Name

PENTASTAR INSURANCE AGENCY, INC.

Principal Place of Business

27777 FRANKLIN RD.
SOUTHFIELD MI 48034-8286

Mailing Address

27777 FRANKLIN RD.
SOUTHFIELD MI 48034-8286



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1000 CHRYSLER DR.
Suite, Apt. #, etc.

27

TAX AFFAIRS, CIMS 485-12-30
City & State

28

AUBURN HILLS, MI
Zip

Country

29

48326-2766

30

OAKLAND

3. Date Incorporated or Qualified
08/08/1991

3a. Date of Last Report
05/01/1995

4. FEI Number

38-2962289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME
SIDUK, T.W.
STREET ADDRESS
27777 FRANKLIN RD.
CITY-ST-ZIP
SOUTHFIELD MI

TITLE ☐ DELETE

NAME
DV
BROWNING, D.F.
STREET ADDRESS
27777 FRANKLIN RD.
CITY-ST-ZIP
SOUTHFIELD MI

TITLE ☐ DELETE

NAME
DV
BUTEAU, P.A.
STREET ADDRESS
660 WHITE PLAINS RD
CITY-ST-ZIP
TARRYTOWN NY

TITLE ☒ DELETE

NAME
S
LINK, R.A.
STREET ADDRESS
27777 FRANKLIN RD.
CITY-ST-ZIP
SOUTHFIELD MI

TITLE ☐ DELETE

NAME
V
WHITE, B.R.
STREET ADDRESS
27777 FRANKLIN RD.
CITY-ST-ZIP
SOUTHFIELD MI

TITLE ☐ DELETE

NAME
V
WINTERFIELD, ALAN
STREET ADDRESS
27777 FRANKLIN RD.
CITY-ST-ZIP
SOUTHFIELD MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person or persons trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. H. Latham
Asst. Controller

4-23-96

80-32-3074

CR2E034 (12/95)