FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35007

1. Corporation Name

PENTASTAR INSURANCE AGENCY, INC.

						•				
Principal Place of Business Mailing Address								r (Måliaan san ilsas alisi anete dasis sans genis	81811 BIBIT 8181	
27777 FRANKLIN RD.			1000 CHRYSLER DR.							
SOUTHFIELD MI 48034-8286			TAX AFFAIRS, CMS 485-12-30			DO NOT WRITE IN THIS SPACE				
AUI US			Auburn Hills mi 48326-2766 Js			3.	3. Date Incorporated or Qualifed			
								08/08/1991		ļ
2. Principal P	lace of Business	2a. N	Mailing Address				4.	FEI Number		Applied For
21		26	26					38-2962289		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certifcate of Status Desired		Additional
22		27				+			Required	
City & State			City & State			6.	Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip	Country	28	Zip Country			- 8	This corporation owes the current year i		3 10 1 003	
24	25	29	· —	30	n .		"	Personal Property Tax.	Yes	[ALNo
	9. Name and Address of Curre						10.	Name and Address of New Registere	d Agent	
07.0	ODDODATION CVCTCM			8	17	Name				ľ
	ORPORATION SYSTEM S. PINE ISLAND ROAD			8	2	Street Add	ress (F	P.O. Box Number is Not Acceptable)		
	ITATION FL 33324)_	3					
	TIMION I E GOOLT			١,	3					
				8	4	City		F	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607	'.1508. Florida Statutes	s, the abo	ve	-named corp	oratio	n submits this statement for the purpose	of changing i	its registered
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida	. Such change was aut	thorized t	νt	the corporati	on's bo	oard of directors. I hereby accept the app	ointment as	registered
	in familial with, and accept the oblig	jationo oi, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							}
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if a	pplicable. (NOTE: F	Registered Ag	gent	signature require				
12.	OFFICERS A	ND DIREC		13.				ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
ΠΪLE	DCP		☐ DELETE	1.1 TITLE) 			October	, riddison
NAME	HAAN, J S 27777 FRANKLIN RD.			1.2 NAM		ADDRESS.				
STREET ADDRESS	SOUTHFIELD MI			1.4 CITY		1		_		
CITY-ST-ZIP	DV		DELETE	2.1 TITLE					Chang	e
NAME	BROWNING, D.F.			2.2 NAM	E					
STREET ADORESS	27777 FRANKLIN RD.			2.3 STR	ET.	ADDRESS				
CITY-ST-ZIP	SOUTHFIELD MI			2, 4 CITY	r-ST	T-ZIP				
TITLE	DV		DELETE	3 1 TITLI	Ξ				Chang	e Addition
NAME	BUTEAU, P.A.			3.2 NAM		1				
STREET ADORESS	660 WHITE PLAINS RD					ADDRESS				ļ
CITY-ST-ZIP	TARRYTOWN NY		☐ DELETE	3.4. CITY 4.1 TITLE		T-ZIP			Chang	je Addition
TITLE NAME	S HACKMAN, T.L.		- Deceie	4, 2 NAN						
STREET ADDRESS						ADDRESS				ļ
CITY-ST-ZIP	SOUTHFIELD MI		•	4.4 CiTY-5		- 1				. {
TITLE	V		DELETE	5.1 TITL					Chang	e Addition
NAME	WHITE, B.R.			5.2 NAM						ļ
STREET ADDRESS	27777 FRANKLIN RD.					ADDRESS				, [
CITY-ST-ZIP	SOUTHFIELD MI		——————————————————————————————————————	5.4 CITY		T-ZIP			[7] 01	n
TITLÉ	V		DELETE	6.1 TITL				A 11	Chang	ge DAddition
NAME	WINTERFIELD, ALAN			6.2 NAM		ADDRESS	ee	Attached		
STREET ADDRESS	27777 Franklin RD.			6.3 STR		ALJURESS -				

6.4 CITY-ST-ZIP

14. 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 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 receiver or trystee 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 on an attachment point an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SOUTHFIELD MI

CR2E034 (11/98)

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FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90251 029 ***150.00

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PENTASTAR INSURANCE AGENCY, INC.

OFFICERS

NAME	TITLE	BUSINESS ADDRESS
J. S. Haan	President & Treasurer	27777 Franklin Road Southfield, MI 48034-5168
D. F. Browning	Vice President	27777 Franklin Road Southfield, MI 48034-5168
J. C. Bradley, Jr.	Vice President	3605 Glenwood Avenue, Ste. 520 Raleigh, NC 27612
P. A. Buteau	Vice President	660 White Plains Road Tarrytown, NY 10591
W. E. Harris	Vice President	14 Sterling Street Wilkes Barre, PA 18702
J. C. Ketter	Vice President	300 Oxford Dr., #310 Monroeville, PA 15146-2229
W. M. Keohane	Vice President	4200 Parliament Place, Ste. 500 Lanham, MD 20706
D. A. Pecoraro	Vice President	6025 S. Quebec, Ste. 240 Englewood, CO 80111
R. L. Taylor	Vice President	1807 Park 170 Drive, Ste. 200 St. Louis, MO 63146
G. F. Reicher	Vice President	27777 Franklin Road Southfield, MI 48034-5168
L. P. Smith	Vice President	27777 Franklin Road Southfield, MI 48034-5168
T. L. Hackman	Secretary & Chief Legal Officer	27777 Franklin Road Southfield, Mi 48034-5168
P. H. Latham	Assistant Treasurer	1000 Chrysler Drive Auburn Hills, MI 48326-2766

538341-90251-29 P35007

PENTASTAR INSURANCE AGENCY. INC.

DIRECTORS

NAME	<u>Business</u> a	ADDRESS	
D. F. Browning	27777 Frank Southfield, N	klin Road MI 48034-5168	
G. F. Reicher	27777 Frank Southfield, N	klin Road Mł 48034-5168	
J. S. Haan	27777 Frank Southfield, N	klin Road MI 48034-5168	