

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90081 016 ***150.00

DOCUMENT # P35007

1. Entity Name

PENTASTAR INSURANCE AGENCY, INC.

Principal Place of Business

**27777 FRANKLIN RD.
 SOUTHFIELD MI 48034-8286**

Mailing Address

**1000 CHRYSLER DR.
 TAX AFFAIRS. CMS 485-12-30
 AUBURN HILLS MI 48326-2766
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2962289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	DCP HAAN, J S	<input type="checkbox"/> Delete
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE NAME	DV BROWNING, D.F.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE NAME	S HACKMAN, T.L.	<input type="checkbox"/> Delete
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE NAME	S HACKMAN, T.L.	<input type="checkbox"/> Delete
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE NAME	V SMITH, L.P.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE NAME	V MAIER, Q.A.	<input type="checkbox"/> Delete
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DV Reichen, G.F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	27777 Franklin Rd	
CITY-ST-ZIP	Southfield, MI 48034	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	A.S. P.H. Latham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1000 Chrysler Drive	
CITY-ST-ZIP	Auburn Hills, MI 48326-2766	
TITLE NAME	V P.E. Knauss	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	27777 Franklin Rd.	
CITY-ST-ZIP	Southfield, MI 48034	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.H. Latham

Asst. Controller

4/29/02

Date

248 512-3106

Daytime Phone #

CR2E034 (9/01)