

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90073 026 ***150.00

DOCUMENT # P39538

1. Corporation Name
BUYERS VEHICLE PROTECTION PLAN, INC.

Principal Place of Business
25505 WEST TWELVE MILE ROAD
SUITE 3000
SOUTHFIELD MI 48034-8339

Mailing Address
PO BOX 5142
SOUTHFIELD MI 48086
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1992

4. FEI Number

38-2957446

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DOUGLAS, W BUSK
STREET ADDRESS 6552 CANMOOR
CITY-ST-ZIP TROY MI 48098

TITLE ☒ DELETE
NAME APPLE, ALLAN V.
STREET ADDRESS 6724 OYSTER COVE
CITY-ST-ZIP W. BLOOMFIELD MI

TITLE ☐ DELETE
NAME FOSS, DONALD A
STREET ADDRESS 26820 DRAKE ROAD
CITY-ST-ZIP FARMINGTON HILLS MI

TITLE ☐ DELETE
NAME AS
CAVANAUGH, JOHN P
STREET ADDRESS 24632 WESTMORE ROAD
CITY-ST-ZIP FARMINGTON HILLS MI

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director - CFO
1.2 NAME Brett A. Roberts
1.3 STREET ADDRESS 1015 Lake Park
1.4 CITY-ST-ZIP Birmingham, MI 48009 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE Secretary
4.2 NAME John P. Cavanaugh
4.3 STREET ADDRESS 38693 Cheshire Dr.
4.4 CITY-ST-ZIP Northville, MI 48167 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 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

4/21/99

Date

248-353-2700

Daytime Phone #

CR2E034 (11/98)

0526737