
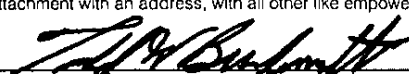


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90007 015 ***150.00

DOCUMENT # P94000058003 1. Entity Name PROQUEST ALISON, INC.					
Principal Place of Business 759 S FEDERAL HWY SUITE 314 STUART, FL 34994			Mailing Address 759 S FEDERAL HWY SUITE 314 STUART, FL 34994		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3258421	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYSZKOWSKI, ANDREW 3400 KINROSS LAKES PARKWAY RICHFIELD, OH 44286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3900 KINROSS LAKES PARKWAY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDWORTH, ALAN 300 N ZEEB ROAD ANN ARBOR, MI 48106 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 Eisenhower Parkway, PO Box 1346 Ann Arbor, MI 48106-1346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCHARDT, TODD 300 N ZEEB ROAD ANN ARBOR, MI 48106 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President and Secretary 777 Eisenhower Parkway, PO Box 1346 Ann Arbor, MI 48106-1346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANDALL, PATRICK 300 N ZEEB RD ANN ARBOR, MI 48103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 Eisenhower Parkway, PO Box 1346 Ann Arbor, MI 48106-1346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MUSACCHIA, JAQUELINE A 3900 KINROSS LAKE PKWY RICHFIELD, OH 44286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT GREGORY, KEVIN 300 N ZEEB ROAD ANN ARBOR, MI 48106 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			5-20-05 734-997-4905		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		