| No. C 193782 | | Due no later than Feb 28, 2013 | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------------------------|--|--------------------------|--|------------|----------------|--|
| Return to: | A MAIL | Annual Report Form 1. Mailing Address: Correct in this box if needed. MARKETPLUS INSURANCE AGENCY, INC. DIANE KIMBALL 26255 AMERICAN DR SOUTHFIELD MI 48034 | | CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | MARKETP DIANE KI 26255 AM | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DAT | | | | | | | |
| 4. Corporations: Enter Names a | nd Business Addresse | s of President, Secretary, and Directors. Treasure | er (optional). | | | | |
| Office Held Nam | ne | Street or PO Address | City | State | Country | Postal Code | |
| | N R ALLEN HAEL G COSTELLOS | 26255 AMERICAN DR R 26255 AMERICAN DR | SOUTHFIELD SOUTHFIELD | MI MI | USA USA | 48034 48034 | |
| 5. Organized Under the Laws o | f: 6. Annual Re | 6. Annual Report must be signed.* | | | | | |
| MI | Signature | Signature: Michael G. Costello Date: 01/23/2013 | | | | | |
| C 193782 | Name (ty | Name (type or print): Michael G. Costello | | Title: Secretary | | | |
| Processed 01/23/2013 | * Electronica | Illy provided signatures are accepted as original s | ignatures. | | | | |