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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
99349	JENNINGS MOTORS			
3. Street Address Principal Business Office		City	State	Zip
2142 AUSTIN		TROY	MI	48083
4. Business Phone No.	5. State of Incorporation			
248-740-9590	DELAWARE			

6. Brief Description of the Character of Business Conducted in Rhode Island
PURCHASE AND SALE OF INTANGIBLES

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
VALARIE A. SCHUSTER	100 RENAISSANCE CENTER	DETROIT	MI	48265-1000

Vice President Name	Street Address	City	State	Zip
STEVE SPRAGUE	100 RENAISSANCE CENTER	DETROIT	MI	48265-1000

Secretary Name	Street Address	City	State	Zip
E L SOLIMAN	2142 AUSTIN	TROY	MI	48083

Treasurer Name	Street Address	City	State	Zip
E L SOLIMAN	2142 AUSTIN	TROY	MI	48083

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
VALARIE A. SCHUSTER	100 RENAISSANCE CENTER	DETROIT	MI	48265-1000

Director Name	Street Address	City	State	Zip
STEVE SPRAGUE	100 RENAISSANCE CENTER	DETROIT	MI	48265-1000

Director Name	Street Address	City	State	Zip
E L SOLIMAN	2142 AUSTIN	TROY	MI	48083

Director Name	Street Address	City	State	Zip
E L SOLIMAN	2142 AUSTIN	TROY	MI	48083

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1	COMMON	$1.00/each
99	PREFERRED	$1.00/each

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1	COMMON	1.00
99	PREFERRED	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

FILED
File Date SEP 7 2007
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13093-15-177791

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

E Soliman — 08-28-07
Signature — *Date*

E. L. SOLIMAN
Print or Type Name

[redacted] SECRETARY
Title

Form 630 Rev. 12/06