

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 142320

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC3628155435**

**Entity Name:** MACOMB CORPORATION

**Current Principal Place of Business:**

6895 TELEGRAPH ROAD  
SUITE 100  
BLOOMFIELD HILLS, MI 48301

**Current Mailing Address:**

6895 TELEGRAPH ROAD  
SUITE 100  
BLOOMFIELD HILLS, MI 48301

**FEI Number:** 38-1648914

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRODY, ROBERT  
19195 MYSTIC POINTE DRIVE  
TOWER 100 #2406  
AVENTURA, FL 33180 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BRODY, ROBERT  
Address 6895 TELEGRAPH RD., STE 100  
City-State-Zip: BLOOMFIELD HILLS MI 48301

Title V  
Name BRODY, RHEA  
Address 6895 TELEGRAPH RD., STE 100  
City-State-Zip: BLOOMFIELD HILLS MI 48301

Title ST  
Name BRODY, JAY  
Address 6895 TELEGRAPH RD., STE 100  
City-State-Zip: BLOOMFIELD HILLS MI 48301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAY BRODY

**SECRETARY**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date