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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 142

(1)

MACOMB CORPORATION										
Principal Place	of Business	Mailing Address					IDIA BODA BABA D		II var ia enema isti	
2222 FRANKLIN ROAD. 2222 FRANKLIN ROAD.										
	D HILLS MI 48302-0330	BLOOMFIELD H		0330						
					3. Da	ate Incorporated or Qualified	3a. Date	e of Last R	ecort	
						07/23/1943		01/25/19	•	
2. Principal Pla	ce of Business	2a. Mailing Address	3		4. FE	Number			Applied For	
1		26				38-1648914			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, et	ic.		5 . Ce	ertificate of Status Desired		•	Additional	
1 Oily & State	····	City & State			6 F Ic	ection Campaign Financing	····		Required	
		28			I	ust Fund Contribution		•	O May Be d to Fees	
Zφ	Country	Zip	Co	ountry	8. Th	is corporation has liability for	r intangible ta			
	25	29	30				s 🔲 No			
	9. Name and Address of Current	Registered Agent			10. Na	ame and Address of New	Registered	Agent		
				81 Name						
	RMAN, ARTHUR			82 Street	Address (P.O.)	Box Number is Not Accepta	ible)			
	MATO ROAD, SUTIE 1299			83						
BUCA I	RATON FL 33431									
				84 City			FL	85 Zı	Code	
or register∈ familiar with	,									
IGNATURE	signature tycortor pilioted name of registered agent a OFFICERS AND	ent title it applicable.			esairud when reinsta AD	ilingi IDITIONS/CHANGES TO OFI	DATE FICERS AND	DIRECTO	RS IN 12	
IGNATURE	Signature type for printed name of registered agent a OFFICERS AND	ent title it applicable.	(NOTE Registere				FICERS AND	DIRECTO	RS IN 12	
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IGNATURE 2. I. f ME HIEF ALIGNESS Y-SI-ZIP	OFFICERS AND PD BRODY, ROBERT 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI	ent tills if appäcatek. DIRECTORS DELFTE	(NOTE Registere 13.	TITLE NAME STREET ADDRESS CITY+ST-ZIP			FICERS AND	Change	☐ Addition	
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IGNATURE 2. L.F. IMME HEELADDRESS Y. ST. 7IP L.F. IMME	OFFICERS AND PD BRODY, ROBERT 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI VSD BRODY, RHEA	ent tills if appäcatek. DIRECTORS DELFTE	(NOTE Registerer) 13. 1.1 1.21 133 1.41 2.1	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			FICERS AND	Change	☐ Addition	
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GNATURE 2. L.F. ME HITELADORESS LY-S1-719 LF ME HITELADORESS LY-S1-719 LF ME HITELADORESS LY-S1-719	OFFICERS AND PD BRODY, ROBERT 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI VSD BRODY, RHEA 4017 HIDDEN WOODS DR	ent tills if appäcatek. DIRECTORS DELFTE	(NOTE Registerer 13.1.1.1.1.2.1.3.3.1.4.0.2.1.2.1.2.2.1.2.2.1.3.3.1.4.0.2.1.2.2.1.2.2.1.2.2.3.3.3.4.4.0.2.3.3.3.3.4.4.0.2.3.3.3.3.4.4.0.2.3.3.3.3.4.4.0.2.3.3.3.3.4.4.0.2.3.3.3.3.4.4.0.2.3.3.3.3.3.4.4.0.3.3.3.3.3.3.3.3.3.3.3.3	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			FICERS AND	Change	☐ Addition	
GNATURE 2. If ME HITE AUDRESS (Y-SI-7IP) LF ME HITE ADDRESS (J. SI-7IP) LF LF LF LF LF LF LF LF LF L	OFFICERS AND PD BRODY, ROBERT 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI VSD BRODY, RHEA 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI TO BRODY, GERALD	DIRECTORS DELFTE	(NOTE Registere 13. 1.1 1.2 1.3 1.4 1.2 1.2 1.2 1.3 1.4 1.2 1.2 1.3 1.4 1.4 1.2 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP			FICERS AND	Change	Addition	
IGNATURE 2. LE MME HEELADORESS LY-ST-7IP LE MME HEELADORESS LY-ST-7IP LE MME HEELADORESS LY-ST-7IP LE ME HEELADORESS	OFFICERS AND PD BRODY, ROBERT 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI VSD BRODY, RHEA 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI TD BRODY, GERALD 660 WESTWOOD	DIRECTORS DELFTE	(NOTE Registere 13. 1.1 1.2 1.3 1.4 1.2 1.2 1.2 1.3 1.4 1.2 1.3 1.4 1.4 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			FICERS AND	Change	Addition	
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IGNATURE 2. L.F. MME HEELADORESS TY ST-71P LLF MME HEELADORESS TY ST-72P LLF MME HEELADORESS	OFFICERS AND PD BRODY, ROBERT 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI VSD BRODY, RHEA 4017 HIDDEN WOODS DR BLOOMFIELD HILLS MI TD BRODY, GERALD 660 WESTWOOD	DIRECTORS DELETE DELETE	(NOTE Resistered 113) 1.1 1.21 1.33 1.44 2.1 2.21 2.33 2.44 3.1 3.2 3.3 3.44 4.1 4.21	TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME			FICERS ANI	Change Change Change	Addition Addition	
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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

810-335-8900 Dayting Priorie #