

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:02

DOCUMENT # **P18229 (5)**

1. Corporation Name  
**GABRIEL, ROEDER, SMITH & COMPANY**

Principal Place of Business 1000 TOWN CENTER STE 1000 SOUTHFIELD MI 48075 US	Mailing Address 1000 TOWN CENTER STE 1000 SOUTHFIELD MI 48075 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 1000 Town Center		2a. Mailing Address 26 1000 Town Center		3. Date Incorporated or Qualified 03/03/1988		3a. Date of Last Report 01/28/1994	
22 Suite, Apt. #, etc. Suite 1000		27 Suite, Apt. #, etc. Suite 1000		4. FEI Number 38-1691268		Applied For Not Applicable	
23 City & State Southfield, Michigan		28 City & State Southfield, Michigan		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 48075		25 Country USA		29 Zip 48075		30 Country USA	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, NORMAN L.	1.2 NAME	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	1.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNANSTINE, ALAN E.	2.2 NAME	
STREET ADDRESS	101 N MAIN, STE 440	2.3 STREET ADDRESS	
CITY- ST- ZIP	ANN ARBOR MI	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SHIRLEY B.	3.2 NAME	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	3.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	FINDLAY, GARY W.	4.2 NAME	TERMINATED
STREET ADDRESS	1000 TOWN CENTER, STE. 1000	4.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	ROEDER, RICHARD G.	5.2 NAME	RETIRED
STREET ADDRESS	1000 TOWN CENTER, STE 1000	5.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	5.4 CITY- ST- ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RONALD J.W.	6.2 NAME	
STREET ADDRESS	1000 TOWN CENTER, STE 1000	6.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (change), or on an attachment with an address.

SIGNATURE: *Shirl Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHIRL WILLIAMS, CORPORATE SECRETARY**

1/12/95

810-799-9000