

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18229

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: GABRIEL, ROEDER, SMITH & COMPANY

**Current Principal Place of Business:**

ONE TOWNE SQUARE  
SUITE 800  
SOUTHFIELD, MI 480763723 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: COFO  
ONE TOWNE SQUARE SUITE 800  
SOUTHFIELD, MI 480763723 US

**New Mailing Address:**

FEI Number: 38-1691268      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RANDALL, MARK R DIRECTO  
4880 NEWBERRY ROAD  
STE. 180  
GAINESVILLE, FL 32607 US

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

BRACCIALARGHE, THEORA P DIRECTO  
301 EAST LAS OLAS BOULEVARD  
STE. 200  
FORT LAUDERDALE, FL 333012254 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: THEORA P BRACCIALARGHE      01/05/2006  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: JONES, NORMAN L  
Address: ONE TOWNE SQUARE, SUITE 800  
City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: D      ( ) Delete  
Name: CARTER, W MICHAEL  
Address: ONE TOWNE SQUARE, SUITE 800  
City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: S      ( ) Delete  
Name: WILLIAMS, SHIRLEY B  
Address: ONE TOWNE SQUARE, SUITE 800  
City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: DP      ( ) Delete  
Name: MURPHY, BRIAN B  
Address: ONE TOWNE SQUARE, SUITE 800  
City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: D      ( ) Delete  
Name: KERMANS, JUDITH A  
Address: ONE TOWNE SQUARE, SUITE 800  
City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: D      ( ) Delete  
Name: BRACCIALARGHE, THEORA P  
Address: 301 E. LAS OLAS BLVD STE 201  
City-St-Zip: FT LAUDERDALE, FL 333012254 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: F KENNETH DAVIS      TREA      01/05/2006  
Electronic Signature of Signing Officer or Director      Date