

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18229

FILED
Jan 03, 2008
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:

BRACCIALARGHE, THEORA P DIRECTO
301 EAST LAS OLAS BOULEVARD
STE. 200
FORT LAUDERDALE, FL 333012254 US

Name and Address of New Registered Agent:

BRACCIALARGHE, THEORA P OH
ONE EAST BROWARD BLVD
STE 505
FORT LAUDERDALE, FL 333011872 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

01/03/2008

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: RANDALL, MARK R
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: T () Delete
Name: DAVIS, F KENNETH
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: D (X) Change () Addition
Name: LANGER, LARRY F
Address: ONE TOWNE SQUARE, SUITE 800
City-St-Zip: SOUTHFIELD, MI 480763723 US

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: D (X) Change () Addition
Name: PALMQUIST, J STEPHEN
Address: ONE EAST BROWARD BLVD, STE 505
City-St-Zip: FT LAUDERDALE, FL 333011872 US

I hereby certify that the information supplied with this filing does not qualify 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

T

01/03/2008

Electronic Signature of Signing Officer or Director

Date