## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P18229

Entity Name: GABRIEL, ROEDER, SMITH & COMPANY

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
SUITE 800	NE SQUARE LD, MI 480763'	723 US			
Current Mailing Address:			New Mailir	New Mailing Address:	
ATTN: COFO ONE TOWNE SQUARE SUITE 800 SOUTHFIELD, MI 480763723 US					
FEI Number:	38-1691268	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: 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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LANGER, LARRY	UARE, SUITE 800	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BRACCIALARGHE, THEORA P ONE EAST BROWARD BLVD, STE 505 FT. LAUDERDALE, FL 33301187 US	
Title: Name: Address: City-St-Zip:	RANDALL, MARK	UARE, SUITE 800	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, SHIR	UARE, SUITE 800	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition JONES, NORMAN ONE TOWNE SQUARE, SUITE 800 SOUTHFIELD, MI 480763723 US	
Title: Name: Address: City-St-Zip:	MURPHY, BRIAN	UARE, SUITE 800	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DAVIS, F KENNE	UARE, SUITE 800	Title: Name: Address: City-St-Zip:	TS (X) Change ( ) Addition DAVIS, F KENNETH ONE TOWNE SQUARE, SUITE 800 SOUTHFIELD, MI 480763723 US	
Title: Name: Address: City-St-Zip:	PALMQUIST, J S' ONE EAST BROV	Delete TEPHEN VARD BLVD, STE 505 E, FL 333011872 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 TS 02/16/2009