2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18229

Entity Name: GABRIEL, ROEDER, SMITH & COMPANY

FILED Apr 04, 2011 Secretary of State

04/04/2011

New Principal Place of Business:

Current Principal Place of Business:

ONE TOWNE SQUARE SUITE 800

SOUTHFIELD, MI 480763723 US

Current Mailing Address: New Mailing Address:

ATTN: COFO ATTN: ACCOUNTING

ONE TOWNE SQUARE SUITE 800 ONE TOWNE SQUARE SUITE 800 SOUTHFIELD, MI 480763723 US SOUTHFIELD, MI 480763723 US

FEI Number: 38-1691268 FEI Number Applied For () FEI Number Not Applicable () 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

BRACCIALARGHE, THEORA P OH
ONE EAST BROWARD BLVD
STE 505

STE 505

FORT LAUDERDALE, FL 333011872 US FORT LAUDERDALE, FL 33301 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 BRACCIALARGHE

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

 Name:
 BRACCIALARGHE, THEORA P

 Address:
 ONE EAST BROWARD BLVD, STE 505

 City-St-Zip:
 FT. LAUDERDALE, FL 33301187 US

Title:

Name: RANDALL, MARK R

Address: 5605 N. MACARTHUR BLVD., STE. 870

City-St-Zip: IRVING, TX 75038 US

Title: D

Name: JONES, NORMAN

Address: ONE TOWNE SQUARE, SUITE 800 City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: DP

Name: MURPHY, BRIAN B

Address: ONE TOWNE SQUARE, SUITE 800 City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: TS

Name: SCHEER, CHRISTINE

Address: ONE TOWNE SQUARE, SUITE 800 City-St-Zip: SOUTHFIELD, MI 480763723 US

Title: D

Name: BUIS, MARK

Address: ONE TOWNE SQUARE, SUITE 800 City-St-Zip: SOUTHFIELD, MI 480763723 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE SCHEER COFO 04/04/2011