

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18229

Entity Name: GABRIEL, ROEDER, SMITH & COMPANY

FILED
Feb 20, 2013
Secretary of State
CC8909287256

Current Principal Place of Business:

ONE TOWNE SQUARE
SUITE 800
SOUTHFIELD, MI 48076

Current Mailing Address:

ATTN: ACCOUNTING
ONE TOWNE SQUARE SUITE 800
SOUTHFIELD, MI 48076 US

FEI Number: 38-1691268

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRACCIALARGHE, THEORA POH
ONE EAST BROWARD BLVD
STE 505
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BRACCIALARGHE, THEORA P
Address ONE EAST BROWARD BLVD, STE 505
City-State-Zip: FT. LAUDERDALE FL 33301

Title D
Name RANDALL, MARK R
Address 5605 N. MACARTHUR BLVD., STE. 870
City-State-Zip: IRVING TX 75038

Title D
Name ALBERTS, KEN
Address ONE TOWNE SQUARE, SUITE 800
City-State-Zip: SOUTHFIELD MI 48076

Title DP
Name MURPHY, BRIAN B
Address ONE TOWNE SQUARE, SUITE 800
City-State-Zip: SOUTHFIELD MI 48076

Title TS
Name SCHEER, CHRISTINE
Address ONE TOWNE SQUARE, SUITE 800
City-State-Zip: SOUTHFIELD MI 48076

Title D
Name KAUSCH, DAVID
Address ONE TOWNE SQUARE, SUITE 800
City-State-Zip: SOUTHFIELD MI 48076

Title DIRECTOR
Name WARD, LEWIS
Address 5605 N. MACARTHUR BLVD., SUITE 870
City-State-Zip: IRVING TX 75038

Title DIRECTOR
Name KERMANS, JUDITH
Address ONE TOWNE SQUARE SUITE 800
City-State-Zip: SOUTHFIELD MI 48076

Continues on page 2

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

02/20/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEWTON, JOE
Address 5605 N. MACARTHUR BLVD., SUITE 870
City-State-Zip: IRVING TX 75038

Title DIRECTOR
Name STEINBRENNER, JOHN
Address 1085 PARKSIDE DRIVE
City-State-Zip: LAKEWOOD OH 44107