

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18229

**Entity Name:** GABRIEL, ROEDER, SMITH & COMPANY

**FILED**  
**Feb 13, 2014**  
**Secretary of State**  
**CC8359834653**

**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**

**TREASUER, SECRETARY, 02/13/2014  
COFO**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title           DIRECTOR  
Name           ARMSTRONG, BRAD L  
Address        ONE TOWNE SQUARE  
                SUITE 800  
City-State-Zip: SOUTHFIELD MI 48076