

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18229

Entity Name: GABRIEL, ROEDER, SMITH & COMPANY

FILED
Feb 05, 2016
Secretary of State
CC0186063815

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

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

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

Title DIRECTOR
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 WARD, LEWIS
Address 5905 N. MACARTHUR BLVD, SUITE 870
City-State-Zip: IRVING TX 75038

Title DIRECTOR
Name WEISS, LANCE
Address 20 N. CLARK STREET, SUITE 2400
City-State-Zip: CHICAGO IL 60602

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

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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

02/05/2016

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