

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91068 001 ***300.00

0306846 AT

DOCUMENT # P18229

1. Entity Name
GABRIEL, ROEDER, SMITH & COMPANY

Principal Place of Business 1000 TOWN CENTER SUITE 1000 SOUTHFIELD MI 48075 US	Mailing Address 1000 TOWN CENTER SUITE 1000 SOUTHFIELD MI 48075 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 38-1691268	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LING, GEORGE S.
 301 EAST LAS OLAS BLVD
 STE. 200
 FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, NORMAN L. 1000 TOWN CENTER, STE 1000 SOUTHFIELD MI 48075 <i>48075</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREZILOR, MITA 1000 TOWN CENTER SUITE 1000 SOUTHFIELD MI 48075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SHIRLEY B. 1000 TOWN CENTER SUITE 1000 SOUTHFIELD MI 48075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRAIN, MURPHY B. 1000 TOWN CENTER SUITE 1000 SOUTHFIELD MI 48075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LING, GEORGE S 301 E. LAS OLAS BLVD STE 201 FT LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACCIALARGHE, THEORA P 301 E. LAS OLAS BLVD STE 201 FT LAUDERDALE FL 33301 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David L. Hoffman 1000 Town Center, Suite 1000 Southfield MI 48075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mita Drazilov 1000 TOWN CENTER SUITE 1000 SOUTHFIELD MI 48075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark F. Rendell 1000 Town Center, Suite 1000 Southfield, MI 48075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard A. Roeder 1000 Town Center, Suite 1000 Southfield, MI 48075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John A. Steinbruner 1000 Town Center, Suite 1000 Southfield, MI 48075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SHIRLEY WILLIAMS, CORPORATE SEC. 2/6/02 248-799-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)