

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 JUN 19 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37454
1. Corporation Name
FORD MOTOR LAND DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address

ONE PARKLANE BLVD., SUITE 1500 E DEARBORN, MI 48126
ATTN: V-P Corp. Real Estate

ONE PARKLANE BLVD. SUITE 1500 E DEARBORN, MI 48126

3. Date Incorporated or Qualified: **02/05/1992** 3a. Date of Last Report: **04/29/1993**

4. FEI Number: **38-1941033** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt #, etc Suite, Apt #, etc

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature (hand or printed name of registered agent and title if applicable) (NOT) Registered Agent signature required when registering (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DORAN, WAYNE S. C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARKLANE BLVD. #1550	1.2 NAME	
STREET ADDRESS	DEARBORN, MI 48126	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	JACKSON, ROBERT G. D/P/T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARKLANE BLVD. #1550	2.2 NAME	
STREET ADDRESS	DEARBORN, MI 48126	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	MCCAMMON, DAVID N. D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE AMERICAN ROAD	3.2 NAME	
STREET ADDRESS	DEARBORN, MI 48126	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	HURLBERT, J.F. V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE PARKLANE BLVD. #1500	4.2 NAME	
STREET ADDRESS	DEARBORN, MI 48126	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	GEGGIE, T.H. S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE AMERICAN ROAD	5.2 NAME	
STREET ADDRESS	DEARBORN, MI 48121	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: _____ **5/23/95** **313-323-7868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone