

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # **831454**

1. Corporation Name
Ford Motor Land Development Corporation

Principal Place of Business: **ONE PARKLAW BLVD. SUITE 1500 EAST DEARBORN, MICH 48126**
Mailing Address: **ONE PARKLAW BLVD. SUITE 1500 EAST DEARBORN, MICH 48126 ATTN: Mr. J. CASTAGNA**

3. Date Incorporated or Qualified: **02/05/1992** 3a. Date of Last Report: **05/23/95**
4. FEI Number: **38-1941033**
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: **ONE PARKLAW BLVD. SUITE 1500 EAST DEARBORN, MICH 48126**
2a. Mailing Address: **ONE PARKLAW BLVD. SUITE 1500 EAST DEARBORN, MICH 48126**
21. Suite, Apt. #, etc.: **1500 EAST**
22. City & State: **DEARBORN, MICH**
23. Zip: **48126**
24. Country: **USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
90 CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

10. Name and Address of New Registered Agent
81. Name: **CT CORPORATION SYSTEM**
82. Street Address (P.O. Box Number is Not Acceptable): **90 CT CORPORATION SYSTEM**
83. City: **PLANTATION**
84. State: **FL**
85. Zip Code: **33324**

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, typed or printed name of registered agent, and FEI number, if applicable) DATE: _____ (Registered Agent Signature required when necessary) TITLE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	DORAN, WAYNE S. C	ONE PARKLAW BLVD #1550	DEARBORN, MICH 48126	<input type="checkbox"/>
	JACKSON, ROBERT G. D/P	ONE PARKLAW BLVD #1550	DEARBORN, MICH 48126	<input type="checkbox"/>
	MCCAMMON, DAVID N. D	THE AMERICAN ROAD	DEARBORN, MICH 48126	<input type="checkbox"/>
	HUELBERT, JAMES F. Y	ONE PARKLAW BLVD #1550	DEARBORN, MICH 48126	<input type="checkbox"/>
	GEGGIE, THOMAS H. S	THE AMERICAN ROAD	DEARBORN, MICH 48126	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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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 119.073(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) DATE: **3/21/96** 313-323-7868

CR2E034 (12/95)