

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005159

**FILED  
Apr 18, 2016  
Secretary of State  
CC5833172556**

**Entity Name:** MCM MANAGEMENT CORP. SOUTH

**Current Principal Place of Business:**

35980 WOODWARD AVE.  
SUITE 210  
BLOOMFIELD HILLS, MI 48304

**Current Mailing Address:**

35980 WOODWARD AVE.  
SUITE 210  
BLOOMFIELD HILLS, MI 48304

**FEI Number:** 38-3126593

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT, SECRETARY,  
                      TREASURER  
Name            MARDIGIAN, ROBERT G  
Address        35980 WOODWARD AVE. #210  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title            VP  
Name            CAMPBELL, GRACE  
Address        35980 WOODWARD AVE.  
                      SUITE 210  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title            CFO  
Name            SICKMILLER, CRAIG  
Address        35980 WOODWARD AVE.  
                      SUITE 210  
City-State-Zip: BLOOMFIELD HILLS MI 48304

*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:** ROBERT L. YAROCH

**SENIOR ACCOUNTANT**

**04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date