

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004003

**Entity Name:** GABRIEL, ROEDER, SMITH & COMPANY HOLDINGS, INC.**Current Principal Place of Business:**ONE TOWNE SQUARE SUITE 800  
SOUTHFIELD, MI 48076**Current Mailing Address:**ONE TOWNE SQUARE, SUITE 800  
SOUTHFIELD, MI 48076 US**FEI Number:** 47-5435846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRACCIALARGHE, THEORA  
ONE EAST BROWARD BLVD., SUITE 505  
FT. LAUDERDALE, FL 33301-1804 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 DIRECTOR, PRESIDENT  
Name KERMANS, JUDITH  
Address ONE TOWNE SQUARE SUITE 800  
City-State-Zip: SOUTHFIELD MI 48076

Title S  
Name SCHEER, CHRISTINE  
Address ONE TOWNE SQUARE, SUITE 800  
City-State-Zip: SOUTHFIELD MI 48076

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

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

Title DIRECTOR  
Name BRACCIALARGHE, THEORA  
Address ONE TOWNE SQUARE SUITE 800  
City-State-Zip: SOUTHFIELD MI 48076

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

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

Title D  
Name WHITE, DANIEL  
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**SECRETARY****02/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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