

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004003

**Entity Name:** GABRIEL, ROEDER, SMITH & COMPANY HOLDINGS, INC.**Current Principal Place of Business:**ONE EAST BROWARD BLVD., SUITE 505  
FT. LAUDERDALE, FL 33301-1804**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 DP  
Name KERMANS, JUDITH  
Address ONE TOWN 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 BUIS, MARK  
Address ONE TOWNE SQUARE, SUITE 800  
City-State-Zip: SOUTHFIELD MI 48076

Title DCEO  
Name RANDALL, MARK  
Address 5605 N. MACARTHUR BLVD.  
SUITE 870  
City-State-Zip: IRVING TX 75038-2631

Title DVP  
Name BRACCIALARGHE, THEORA  
Address ONE EAST BROWARD BLVD., SUITE 505  
City-State-Zip: FT. LAUDERDALE FL 33301-1804

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

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

Title D  
Name KRIENKE, JOHN  
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****03/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name WARD, LEWIS  
Address 5605 N. MACARTHUR BLVD.  
SUITE 870  
City-State-Zip: IRVING TX 75038-2631

Title D  
Name WEISS, LANCE  
Address 120 NORTH LASALLE STREET  
SUITE 1350  
City-State-Zip: CHICAGO IL 60602-5111