

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39787

Entity Name: SMITHGROUP, INC., A MICHIGAN CORPORATION**Current Principal Place of Business:**500 GRISWOLD STREET
SUITE 1700
DETROIT, MI 48226**Current Mailing Address:**500 GRISWOLD STREET
SUITE 1700
DETROIT, MI 48226**FEI Number:** 38-1045840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	SECRETARY
Name	STASA, BART
Address	500 GRISWOLD STREET, SUITE 1700
City-State-Zip:	DETROIT MI 48226

Title	PRESIDENT & DIRECTOR
Name	MEDICI, MICHAEL
Address	455 NORTH THIRD STREET, SUITE 250
City-State-Zip:	PHOENIX AZ 85004

Title	DIRECTOR
Name	PURDY, CHRISTOPHER
Address	500 GRISWOLD STREET SUITE 1700
City-State-Zip:	DETROIT MI 48226

Title	DIRECTOR
Name	THOMPSON, TROY
Address	1700 NEW YORK AVENUE, NW SUITE 100
City-State-Zip:	WASHINGTON DC 20006

Title	TREASURER
Name	PIONTKOWSKI, KEVIN
Address	500 GRISWOLD STREET, SUITE 1700
City-State-Zip:	DETROIT MI 48226

Title	DIRECTOR
Name	KHANG-KEATING, BONNIE
Address	550 SOUTH HOPE STREET SUITE 1950
City-State-Zip:	LOS ANGELES CA 90071

Title	DIRECTOR
Name	SYKES, RUSSELL
Address	500 GRISWOLD STREET SUITE 1700
City-State-Zip:	DETROIT MI 48226

Title	DIRECTOR
Name	MALEK, ROXANNE
Address	301 BATTERY STREET, LEVEL 4
City-State-Zip:	SAN FRANCISCO CA 94111

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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: BART STASA**SECRETARY, BY LAUREN 04/04/2023**
DUEMIG, ATTORNEY-IN-
FACT_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name BAUR, KEVIN
Address 1700 NEW YORK AVENUE, NW
SUITE 100
City-State-Zip: WASHINGTON DC 20006

Title VP
Name BULL, ROBERT
Address 1700 NEW YORK AVENUE, NW
SUITE 100
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name KRANZ , MARK
Address 455 N. THIRD AVENUE, SUITE 250
City-State-Zip: PHOENIX AZ 85004

Title DESIGNATED ARCHITECT
Name POLHAMUS-ECKBLAD, JOYCE
Address 301 BATTERY STREET, LEVEL 4
City-State-Zip: SAN FRANCISCO CA 94111

Title PRINCIPAL
Name FAUCETTE, WILLIAM THOMAS
Address 1700 NEW YORK AVENUE, NW
SUITE 100
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name ANDERSON , JAME
Address 1700 NEW YORK AVENUE, NW, SUITE
100
City-State-Zip: WASHINGTON DC 20006

Title SVP
Name DAVIS, HAROLD E. JR.
Address 1700 NEW YORK AVENUE, NW, SUITE
100
City-State-Zip: WASHINGTON DC 20006