

**2020 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:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 S  
Name STASA, BART  
Address 500 GRISWOLD STREET, SUITE 1700  
City-State-Zip: DETROIT MI 48226

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

Title DIRECTOR  
Name MROZ, JR., THOMAS  
Address 201 DEPOT STREET  
2ND FLOOR  
City-State-Zip: ANN ARBOR MI 48104

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

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

Title DIRECTOR  
Name KHANG-KEATING, BONNIE  
Address 650 SOUTH HOPE STREET  
SUITE 1835  
City-State-Zip: LOS ANGELES CA 90071

Title DIRECTOR  
Name POLHAMUS, JOYCE  
Address 301 BATTERY STREET  
7TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

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

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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****01/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

Title DIRECTOR  
Name MALEK, ROXANNE  
Address 301 BATTERY STREET, 7TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94111

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