FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842112** **(5)**

1. Corporation Name
TAUB-CO MANAGEMENT, INC.

Principal Place of Business	Mailing Address
200 E. LONG LAKE RD. PO BOX 200 BLOOMFIELD HILLS MI 48303-7200	200 E. LONG LAKE RD. PO BOX 200 BLOOMFIELD HILLS MI 48303-7200

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/19/1979**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **38-1561971** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	TAUBMAN, ROBERT S	12 NAME		
STREET ADDRESS	200 E. LONG LAKE RD.	13 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	HECHT, DENNIS J.	22 NAME		
STREET ADDRESS	200 E. LONG LAKE RD.	23 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	MCGLINN, RICHARD B.	32 NAME		
STREET ADDRESS	200 E. LONG LAKE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	WINOGRAD, BERNARD	42 NAME		
STREET ADDRESS	200 E LONG LAKE RD	43 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LARSON, ROBERT C.	52 NAME		
STREET ADDRESS	200 E. LONG LAKE RD. PO BOX 200	53 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	TAUBMAN, A ALFRED	62 NAME		
STREET ADDRESS	200 E. LONG LAKE RD.	63 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS MI	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/24/94 810 258-6800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Dennis J. Hecht

0487100 FP