

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 842112 (5)

1. Corporation Name

TAUB-CO MANAGEMENT, INC.



Principal Place of Business

200 E. LONG LAKE RD.
PO BOX 200
BLOOMFIELD HILLS MI 48303-7200

Mailing Address

200 E. LONG LAKE RD.
PO BOX 200
BLOOMFIELD HILLS MI 48303-7200

3. Date Incorporated or Qualified

12/19/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS TAUBMAN, ROBERT S
CITY-ST-ZIP 200 E. LONG LAKE RD.
BLOOMFIELD HILLS MI

TITLE ☐ DELETE
NAME S
STREET ADDRESS HECHT, DENNIS J.
CITY-ST-ZIP 200 E. LONG LAKE RD.
BLOOMFIELD HILLS MI

TITLE ☐ DELETE
NAME T
STREET ADDRESS MCGLINN, RICHARD B.
CITY-ST-ZIP 200 E. LONG LAKE RD.
BLOOMFIELD HILLS MI

TITLE ☐ DELETE
NAME VD
STREET ADDRESS WINOGRAD, BERNARD
CITY-ST-ZIP 200 E LONG LAKE RD
BLOOMFIELD HILLS MI

TITLE ☐ DELETE
NAME D
STREET ADDRESS LARSON, ROBERT C.
CITY-ST-ZIP 200 E. LONG LAKE RD. PO BOX 200
BLOOMFIELD HILLS MI

TITLE ☐ DELETE
NAME D
STREET ADDRESS TAUBMAN, A ALFRED
CITY-ST-ZIP 200 E. LONG LAKE RD.
BLOOMFIELD HILLS MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. Hecht

April 18, 1996

(810) 258-6800

Daytime Phone #

CR2E034 (12/95)