

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842112

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90210 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1979

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME TAUBMAN, ROBERT S
STREET ADDRESS 200 E. LONG LAKE RD., STE 300
CITY-ST-ZIP BLOOMFIELD HILLS MI

11. TITLE V ☐ Change ☒ Addition

12. NAME TAUBMAN, WILLIAM S
13. STREET ADDRESS 200 E. Long Lake Rd., Suite 300
14. CITY-ST-ZIP Bloomfield Hills, MI 48303-0200

TITLE S ☐ DELETE

NAME HECHT, DENNIS J.
STREET ADDRESS 200 E. LONG LAKE RD., STE 300
CITY-ST-ZIP BLOOMFIELD HILLS MI

21. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

TITLE T ☒ DELETE

NAME MCGLINN, RICHARD B.
STREET ADDRESS 200 E. LONG LAKE RD., STE 300
CITY-ST-ZIP BLOOMFIELD HILLS MI

31. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

TITLE D ☒ DELETE

NAME LARSON, ROBERT C.
STREET ADDRESS 200 E. LONG LAKE RD., STE 300
CITY-ST-ZIP BLOOMFIELD HILLS MI

41. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

TITLE D ☐ DELETE

NAME TAUBMAN, A ALFRED
STREET ADDRESS 200 E. LONG LAKE RD., STE 300
CITY-ST-ZIP BLOOMFIELD HILLS MI

51. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

TITLE CFOD ☐ DELETE

NAME PAYNE, LISA A
STREET ADDRESS 200 E LONG LAKE RD, STE 300
CITY-ST-ZIP BLOOMFIELD HILLS MI

61. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. Hecht

4/16/99

(248) 258-6800

Date

Daytime Phone #

CR2E034 (11/98)