


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 842112 1. Entity Name TAUB-CO MANAGEMENT, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1561971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAUBMAN, ROBERT S 200 E. LONG LAKE RD., STE 300 BLOOMFIELD HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECHT, DENNIS J. 200 E. LONG LAKE RD., STE 300 BLOOMFIELD HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAUBMAN, WILLIAM S 200 E. LONG LAKE RD. STE 300 BLOOMFIELD HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD PAYNE, LISA A 200 E LONG LAKE RD, STE 300 BLOOMFIELD HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000317106  
04/20/05-80004-010 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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	4/5/05	248-258-6800
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