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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:33

DOCUMENT # F93000000411 (9)

1. Corporation Name

TAUBMAN CENTERS, INC.

Principal Place of Business	Mailing Address
200 EAST LONG LAKE ROAD P.O. BOX 200 BLOOMFIELD HILLS MI 48303-0200	200 EAST LONG LAKE ROAD P.O. BOX 200 BLOOMFIELD HILLS MI 48303-0200

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1993
3a. Date of Last Report: 04/06/1994
4. FEI Number: 38-2033632 ☐ 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

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☒ Change ☐ Addition
NAME	TAUBMAN, A A	1.2 NAME	
STREET ADDRESS	200 EAST LONG LAKE ROAD, P.O. BOX 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304-0200	1.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48303-0200
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	LARSON, ROBERT C	2.2 NAME	
STREET ADDRESS	200 EAST LONG LAKE ROAD, P.O. BOX 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304-0200	2.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48303-0200
TITLE	PD	3.1 TITLE	☒ Change ☐ Addition
NAME	TAUBMAN, ROBERT S	3.2 NAME	
STREET ADDRESS	200 EAST LONG LAKE ROAD, P.O. BOX 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304-0200	3.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48303-0200
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	WINOGRAD, BERNARD	4.2 NAME	
STREET ADDRESS	200 EAST LONG LAKE ROAD, P.O. BOX 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304-0200	4.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48303-0200
TITLE	VT	5.1 TITLE	☒ Change ☐ Addition
NAME	MCGLINN, RICHARD B	5.2 NAME	
STREET ADDRESS	200 EAST LONG LAKE ROAD, P.O. BOX 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304-0200	5.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48303-0200
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	MIRO, JEFFREY H	6.2 NAME	
STREET ADDRESS	500 NORTH WOODWARD, SUITE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	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: X Richard B. McGlinn Richard B. McGlinn X 2-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Z 268 595 226

TAUBMAN CENTERS, INC.

STATEMENT ATTACHED TO AND MADE PART OF

STATE OF FLORIDA CORPORATION ANNUAL REPORT

RESPONSE TO ITEM (12) OFFICERS AND DIRECTORS

ADDITIONAL DIRECTORS

Name	Address
Claude M. Ballard	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
W. Gordon Binns, Jr.	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Allan J. Bloostein	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Jerome A. Chazen	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Walter T. Dec	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
S. Parker Gilbert	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200