

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90028 017 ***150.00

DOCUMENT # F93000000411(9)

1. Corporation Name

Taubman Centers, Inc. ✓

Principal Place of Business

200 E. Long Lake Road
P.O. Box 200
Bloomfield Hills, MI
48303-0200

Mailing Address

200 E. 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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	<input type="checkbox"/> DELETE
NAME	SEE STATEMENTS 1 and 2
STREET ADDRESS	ATTACHED
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: x

Esther R. Blum

Esther R. Blum

4/28/99

248-258-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SVP, Controller and

Date

Daytime Phone #

CR2E034 (1/98)

STATEMENT 1

553500-90028-17
F93000000411

**TAUBMAN CENTERS, INC.
ID # F93000000411 (9)
STATEMENT ATTACHED TO AND MADE PART OF
STATE OF FLORIDA
1999 PROFIT CORPORATION ANNUAL REPORT**

OFFICERS

<u>Name</u>	<u>Office</u>	<u>Business Address</u>
Robert S. Taubman	President and CEO	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Lisa A. Payne	Executive Vice President /CFO	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
William S. Taubman	Executive Vice President	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Esther R. Blum	SVP, Controller, & Chief Accounting Officer	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Steven E. Eder	Treasurer	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Jeffrey H. Miro	Secretary	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Kenneth H. Gold	Assistant Secretary	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
David A. Handelsman	Assistant Secretary	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200

STATEMENT 1

STATEMENT 2

553500-90028-17
F93 000 000 411

TAUBMAN CENTERS, INC.
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STATEMENT ATTACHED TO AND MADE PART OF
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DIRECTORS

A. Alfred Taubman	Chairman of the Board	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Robert C. Larson	Vice Chairman	200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Robert S. Taubman		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Lisa A. Payne		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Claude M. Ballard		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
S. Parker Gilbert		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200
Graham T. Allison		200 East Long Lake Road P.O. Box 200 Bloomfield Hills, MI 48303-0200

STATEMENT 2