

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F93000000411

1. Entity Name
TAUBMAN CENTERS, INC.



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

Mailing Address
200 EAST LONG LAKE ROAD
P.O. BOX 200
BLOOMFIELD HILLS, MI 48303-0200



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2033632

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TAUBMAN, ROBERT S
STREET ADDRESS 200 EAST LONG LAKE ROAD, P.O. BOX 200
CITY-ST-ZIP BLOOMFIELD HILLS, MI 483030200

TITLE VD
NAME PAYNE, LISA A.
STREET ADDRESS 200 EAST LONG LAKE RD., P.O. BOX 200
CITY-ST-ZIP BLOOMFIELD HILLS, MI 483030200

TITLE S
NAME MIRO, JEFFREY H
STREET ADDRESS 500 NORTH WOODWARD, SUITE 100
CITY-ST-ZIP BLOOMFIELD HILLS, MI 483030200

TITLE VP
NAME BLUM, ESTHER R
STREET ADDRESS 200 EAST LONG LAKE RD
CITY-ST-ZIP BLOOMFIELD HILLS, MI 483030200

TITLE VD
NAME TAUBMAN, WILLIAM S
STREET ADDRESS 200 EAST LONG LAKE ROAD
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304

TITLE T
NAME EDER, STEVEN E
STREET ADDRESS 200 EAST LONG LAKE RD.
CITY-ST-ZIP BLOOMFIELD HILLS, MI 483030200

U000000317100
04/20/05-80004-009 150.00

**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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. Hecht

Date

4/5/05

Daytime Phone #

248 258 6800

7004 0550 0001 1477 4250