


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000001267 1. Entity Name TG MICHIGAN, INC.	
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Principal Place of Business 200 EAST LONG LAKE ROAD P.O. BOX 200 BLOOMFIELD HILLS, MI 48303 US	Mailing Address 200 EAST LONG LAKE ROAD P.O. BOX 200 BLOOMFIELD HILLS, MI 48303 US
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04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3078374	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000537855
05/09/06-80035-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAUBMAN, A. ALFRED 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 483030200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAUBMAN, ROBERT S 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 483030200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS DAVIDSON, JEFFREY M 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 483030200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAUBMAN, WILLIAM S 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 483030200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Jeffrey M. Davidson

4/14/06