[redacted]OW: 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 JAN 31 AM 10:11

DOCUMENT # F94000005498 (0)

1. Corporation Name
PROFESSIONAL LIFE MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 629 BLOOMFIELD HILLS MI 48303-0629	P.O. BOX 629 BLOOMFIELD HILLS MI 48303-0629

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 3001 W. Big Beaver Rd.
22 Suite, Apt. #, etc.: 100
23 City & State: Troy MI
24 Zip: 48084
25 Country: Oakland

2a. Mailing Address — 26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 38-3159960 ☐ 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

9. Name and Address of Current Registered Agent

SPITZER, JAN H
8240 N.W. 52ND TER.
SUITE 400
MIAMI FL 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GELTNER, GERSON A	1.2 NAME	
STREET ADDRESS	3001 W. BIG BEAVER	1.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48084	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, BRUCE	2.2 NAME	
STREET ADDRESS	3001 W. BIG BEAVER	2.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48084	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, LARRY J	3.2 NAME	
STREET ADDRESS	505 E. HURON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI 48104	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	THERYOUNG, SYLVIA J	4.2 NAME	
STREET ADDRESS	3001 W. BIG BEAVER	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48084	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, EUGENE R	5.2 NAME	
STREET ADDRESS	3001 W. BIG BEAVER	5.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48084	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, SUSAN	6.2 NAME	
STREET ADDRESS	115 LINDA KNOLL	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)(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.

SIGNATURE: Asst. Secy 1-25-95 810/649-0006
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Sylvia J. Theryoung — Date — Daytime Phone #

0487180 FP