

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F99000004302**

1. Entity Name
RIVERTOWNE HOLDINGS CORP.



Principal Place of Business
27600 NORTHWESTERN HWY
#200
SOUTHFIELD MI 48034

Mailing Address
27600 NORTHWESTERN HWY
#200
SOUTHFIELD MI 48034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSHENSON, DENNIS		NAME	
STREET ADDRESS	27600 NORTHWESTERN HWY SUITE 200		STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48034		CITY-ST-ZIP	

TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSHENSON, RICHARD		NAME	
STREET ADDRESS	27600 NORTHWESTERN HWY SUITE 200		STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48034		CITY-ST-ZIP	

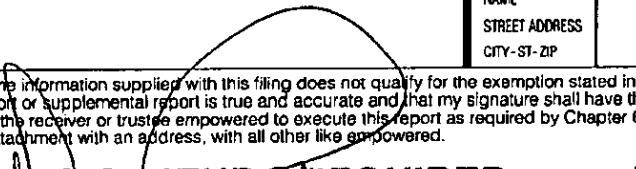
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD		NAME	
STREET ADDRESS	27600 NORTHWESTERN HWY SUITE 200		STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48034		CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRUCCI, MARK A		NAME	
STREET ADDRESS	280 PARK AVENUE, 37TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

248-350-9900

Date

Daytime Phone #

CR2E034 (10/02)

20026779

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90106 022 ***150.00