

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **49900005985** ✓

1. Entity Name

T-1 REIT, Inc.

Principal Place of Business Mailing Address
200 East Long Lake Rd. 200 East Long Lake Rd.
Suite 300 Suite 300
Bloomfield Hills, MI Bloomfield Hills, MI
48303 48303

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 38-3495273 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
NAME Lisa A. Payne
STREET ADDRESS 200 East Long Lake Road
CITY - ST - ZIP Bloomfield Hills, MI 48304
TITLE NAME ☐ Delete
NAME Vice-President
STREET ADDRESS William S. Taubman
CITY - ST - ZIP 200 East Long Lake Road
Bloomfield Hills, MI 48304
TITLE NAME ☐ Delete
NAME Secretary
STREET ADDRESS Dennis J. Hecht
CITY - ST - ZIP 200 East Long Lake Road
Bloomfield Hills, MI 48304
TITLE NAME ☐ Delete
NAME Vice-President
STREET ADDRESS Cordell A. Lietz
CITY - ST - ZIP 200 East Long Lake Road
Bloomfield Hills, MI 48304
TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dennis J Hecht** x 5/1/00 248-258-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #