FILE NOW: 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 APR 13 PM 2:40

DOCUMENT # **P12216** **(8)**

1. Corporation Name
ZEIDLER ROBERTS PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
3925 ROCHESTER RD ROYAL OAK MI 48073	3925 ROCHESTER RD ROYAL OAK MI 48073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/19/1986
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1133 E. Maple	26 1133 E. Maple
Suite, Apt. #, etc. 22 Suite 204	Suite, Apt. #, etc. 27 Suite 204
City & State 23 Troy, MI	City & State 28 Troy, MI
Zip / County 24 48083 / 25 US	Zip / County 29 48083 / 30 US

4. FEI Number: 38-2021008 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE		☒ Change ☐ Addition
NAME	ZEIDLER, EBERHARD H.	12 NAME		
STREET ADDRESS	3925 ROCHESTER RD	13 STREET ADDRESS	1133 E. Maple, Suie 204	
CITY ST ZIP	ROYAL OAK MI	14 CITY ST ZIP	Troy, MI 48083	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	ZEIDLER, EBERHARD H.	22 NAME		
STREET ADDRESS	3925 ROCHESTER RD	23 STREET ADDRESS	1133 E. Maple, Suite 204	
CITY ST ZIP	ROYAL OAK MI	24 CITY ST ZIP	Troy, MI 48083	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	RAMSAY, ROBERT BEATTIE	32 NAME		
STREET ADDRESS	3925 ROCHESTER RD	33 STREET ADDRESS	1133 E. Maple, Suite 204	
CITY ST ZIP	ROYAL OAK MI	34 CITY ST ZIP	Troy, MI 48083	
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	GRINNELL, IAN	42 NAME		
STREET ADDRESS	3925 ROCHESTER RD.	43 STREET ADDRESS	1133 E. Maple, Suite 204	
CITY ST ZIP	ROYAL OAK MI	44 CITY ST ZIP	Troy, MI 48083	
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, BERNICE	52 NAME		
STREET ADDRESS	3925 ROCHESTER RD	53 STREET ADDRESS	1133 E. Maple, Suite 204	
CITY ST ZIP	ROYAL OAK MI	54 CITY ST ZIP	Troy, MI 48083	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: B S Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 06, 1995
Date

416-596-8300
Daytime Phone #

0487066 FP