

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandha B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 18 1996 8:00 am  
Secretary of State

DOCUMENT # **831454**

1. Corporation Name  
**Ford Motor Land Development Corporation**

Principal Place of Business: **ONE PARKLAW BLVD. SUITE 1500 EAST Dearborn, Mich 48126**  
Mailing Address: **ONE PARKLAW BLVD. SUITE 1500 EAST Dearborn, Mich 48126 ATTN: Mr. J. CASTAGNA**

3. Date Incorporated or Qualified: **02/05/1992** 3a. Date of Last Report: **05/23/95**  
4. FEI Number: **38-1941033**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
90 CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 firm if applicable. (NOTE: Registered Agent Signature required when filing by mail.)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	Doran, Wayne S. C	ONE PARKLAW BLVD #1550	Dearborn, Mich 48126	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	Jackson, Robert G. D/P	ONE PARKLAW BLVD #1550	Dearborn, Mich 48126	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	MCCAMMON, David N. D	THE AMERICAN ROAD	Dearborn, Mich 48126	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	Huelbert, James F. Y	ONE PARKLAW BLVD #1550	Dearborn, Mich 48126	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	GEGGIE, Thomas H. S	THE AMERICAN ROAD	Dearborn, Mich 48126	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. TITLE	34. NAME	35. STREET ADDRESS	36. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37. TITLE	38. NAME	39. STREET ADDRESS	40. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.073(j), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**3/21/96 313-323-7868**  
Date Filed: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

CR2E034 (12/95)