

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37454 (6)**
1. Corporation Name
FORD MOTOR LAND DEVELOPMENT CORPORATION



Principal Place of Business: **ONE PARKLANE BLVD., SUITE 1500 E DEARBORN MI 48126**
Mailing Address: **ONE PARKLANE BLVD., SUITE 1500 E DEARBORN MI 48126**

3. Date Incorporated or Qualified: **02/05/1992**
3a. Date of Last Report: **06/19/1995**
4. FET Number: **38-1941033**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Sube. Apt. #, etc.: **22** **C/O Ford Motor Company**
City & State: **27** **The American Road Rm 570 WHQ**
Zip: **23** **Dearborn, MI 48121**
Country: **24** **25** **29** **30** **US**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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 **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	DORAN, WAYNE S.	
STREET ADDRESS	ONE PARKLANE BLVD. #1550	
CITY-ST-ZIP	DEARBORN MI 48126	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	JACKSON, ROBERT G.	
STREET ADDRESS	ONE PARKLANE BLVD. #1550	
CITY-ST-ZIP	DEARBORN MI 48126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCAMMON, DAVID N.	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48126	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HURLBERT, J.F.	
STREET ADDRESS	ONE PARKLANE BLVD. #1550	
CITY-ST-ZIP	DEARBORN MI 48126	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEGGIE, T.H.	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	James Gardner	
3. STREET ADDRESS	The American Road	
4. CITY-ST-ZIP	Dearborn, MI 48121	
5. TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Paul A. Swan	
7. STREET ADDRESS	The American Road	
8. CITY-ST-ZIP	Dearborn, MI 48121	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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)(k), 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 this 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: *Paul A. Swan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Asst. Secretary, Paul A. Swan

4/29/96

CR2E034 (12/95)