

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098477

Entity Name: FGE MANAGER, INC.**Current Principal Place of Business:**319 CLEMATIS STREET
SUITE 608
WEST PALM BEACH, FL 33401**Current Mailing Address:**TWO TOWNE SQUARE
SUITE 900
SOUTHFIELD, MI 48076 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUMMINGS, PETER D
319 CLEMATIS STREET
SUITE 608
WEST PALM BEACH, FL 33401 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	FISHER, MARJORIE M
Address	TWO TOWNE SQUARE SUITE 900
City-State-Zip:	SOUTHFIELD MI 48076

Title	VP
Name	CUMMINGS, JULIE F
Address	TWO TOWNE SQUARE SUITE 900
City-State-Zip:	SOUTHFIELD MI 48076

Title	VP
Name	FISHER, PHILLIP W
Address	TWO TOWNE SQUARE SUITE 900
City-State-Zip:	SOUTHFIELD MI 48076

Title	SEC
Name	SHERMAN, JANE F
Address	TWO TOWNE SQUARE SUITE 900
City-State-Zip:	SOUTHFIELD MI 48076

Title	A.S.
Name	HOWARD, JANET L
Address	TWO TOWNE SQUARE SUITE 900
City-State-Zip:	SOUTHFIELD MI 48076

Title	PRESIDENT
Name	JAFFE, IRA J
Address	TWO TOWNE SQUARE SUITE 900
City-State-Zip:	SOUTHFIELD MI 48076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET HOWARD**ASSISTANT SECRETARY** 05/22/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date