

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000001953

**FILED**  
**Mar 31, 2018**  
**Secretary of State**  
**CC7965581028**

**Entity Name:** AGREE REALTY CORPORATION

**Current Principal Place of Business:**

70 E. LONG LAKE ROAD  
BLOOMFIELD HILLS, MI 48304

**Current Mailing Address:**

70 E. LONG LAKE ROAD  
BLOOMFIELD HILLS, MI 48304 US

**FEI Number:** 38-3148187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           DIRECTOR/PRESIDENT  
Name           AGREE, JOEL N.  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           TREASURER  
Name           RAVID, DANIEL  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           DIRECTOR  
Name           AGREE, RICHARD  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           DIRECTOR  
Name           KALIL, FARRIS  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           DIRECTOR  
Name           RAKOLTA, JOHN JR.  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           DIRECTOR  
Name           ROSSI, JEROME  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           DIRECTOR  
Name           RUBENFAER, WILLIAM S.  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           DIRECTOR  
Name           SCHURGIN, LEON M.  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

**Continues on page 2**

*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:** DANIEL RAVID

**TREASURER**

**03/31/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SILVERMAN, GENE  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title           DIRECTOR  
Name           FRANKEL, MERRIE  
Address        70 E. LONG LAKE ROAD  
City-State-Zip: BLOOMFIELD HILLS MI 48304