

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P29198

**Entity Name:** CRAIN ASSOCIATED ENTERPRISES, INC.**Current Principal Place of Business:**150 N MICHIGAN AVE  
CHICAGO, IL 60601**Current Mailing Address:**1155 GRATIOT AVE  
DETROIT, MI 48207-2913 US**FEI Number:** 36-2637009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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, CHAIRMAN  
Name CRAIN, KEITH E  
Address 1155 GRATIOT AVE  
City-State-Zip: DETROIT MI 48207

Title DIRECTOR, PRESIDENT, COO  
Name CRAIN, KC  
Address 1155 GRATIOT AVE  
City-State-Zip: DETROIT MI 48207

Title DIRECTOR, VC, ASST. SECRETARY  
Name CRAIN, MARY KAY  
Address 1155 GRATIOT AVE  
City-State-Zip: DETROIT MI 48207

Title DIRECTOR, SECRETARY  
Name CRAIN ARMSTRONG, ALEXANDRA  
Address 1155 GRATIOT AVE  
City-State-Zip: DETROIT MI 48207

Title DIRECTOR, TREASURER  
Name CRAIN, CHRISTOPHER T  
Address 685 THIRD AVE  
City-State-Zip: NEW YORK NY 10017

Title CFO, VP  
Name RECCHIA, ROBERT L  
Address 1155 GRATIOT AVE  
City-State-Zip: DETROIT MI 48207

Title VP  
Name GRANTZ, PETER K.  
Address 1155 GRATIOT AVE  
City-State-Zip: DETROIT MI 48207-2913

*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:** PETER K. GRANTZ

VICE PRESIDENT

03/31/2020

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