

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002274

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: COVERX CORPORATION

## Current Principal Place of Business:

29621 NORTHWESTERN HWY  
SOUTHFIELD, MI 48034

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5096  
SOUTHFIELD, MI 48086

## New Mailing Address:

FEI Number: 38-2027233      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: SHAW, JEROME M  
Address: 4751 COVE RD.  
City-St-Zip: ORCHARD LAKE, MI 48323

Title: V ( ) Delete  
Name: DULAPA, THOMAS B  
Address: 4487 TIMBERLAKE CT.  
City-St-Zip: UTICA, MI 48137

Title: TD ( ) Delete  
Name: WEAVER, WILLIAM S  
Address: 47455 BLUE HERON CT  
City-St-Zip: NORTHVILLE, MI 48167

Title: VD ( ) Delete  
Name: SMITH, RICHARD H  
Address: 17290 STONEBROOK DR.  
City-St-Zip: NORTHVILLE, MI 48167

Title: V ( ) Delete  
Name: MARCIA, PAULSEN M  
Address: 43895 CHERRY GROVE CT.W  
City-St-Zip: CANTON, MI 48188

Title: PD ( ) Delete  
Name: SMITH, RICHARD H  
Address: 17290 STONEBROOK DRIVE  
City-St-Zip: NORTHVILLE, MI 48167

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARCIA M. PAULSEN

VP

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date