


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90098 013 \*\*\*150.00

**DOCUMENT # F9700002274**

1. Entity Name  
**COVERX CORPORATION**



Principal Place of Business      Mailing Address  
**29621 NORTHWESTERN HWY**      **P.O. BOX 5096**  
**SOUTHFIELD, MI 48034**      **SOUTHFIELD, MI 48086**

**40014814**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01172007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**38-2027233**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL**      Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: PSD  
 NAME: SHAW, JEROME M  Delete  
 STREET ADDRESS: 4751 COVE RD.  
 CITY-ST-ZIP: ORCHARD LAKE, MI 48323

TITLE: EXECUTIVE VP, TREASURER, CFO  Change  Addition  
 NAME: DIRECTOR  
 STREET ADDRESS: JOHN MARAZZA Southfield, MI  
 CITY-ST-ZIP: 29621 NORTHWESTERN Hwy 48034

TITLE: V  Delete  
 NAME: DULAPA, THOMAS B  
 STREET ADDRESS: 4487 TIMBERLAKE CT.  
 CITY-ST-ZIP: UTICA, MI 48137

TITLE: EXEC VP, DIRECTOR  Change  Addition  
 NAME: JEFF WAWOK  
 STREET ADDRESS: 29621 NORTHWESTERN Hwy  
 CITY-ST-ZIP: Southfield MI 48034

TITLE: TD  Delete  
 NAME: WEAVER, WILLIAM S  
 STREET ADDRESS: 47455 BLUE HERON CT  
 CITY-ST-ZIP: NORTHVILLE, MI 48167

TITLE: VP  Change  Addition  
 NAME: JOHN BUCES  
 STREET ADDRESS: 29621 NORTHWESTERN Hwy  
 CITY-ST-ZIP: Southfield MI 48034

TITLE: VD  Delete  
 NAME: SMITH, RICHARD H  
 STREET ADDRESS: 17290 STONEBROOK DR.  
 CITY-ST-ZIP: NORTHVILLE, MI 48167

TITLE: VP  Change  Addition  
 NAME: FRANCIS McGOVERN  
 STREET ADDRESS: 29621 NORTHWESTERN Hwy  
 CITY-ST-ZIP: Southfield MI 48034

TITLE: V  Delete  
 NAME: MARCIA, PAULSEN M  
 STREET ADDRESS: 43895 CHERRY GROVE CT.W  
 CITY-ST-ZIP: CANTON, MI 48188

TITLE: VP  Change  Addition  
 NAME: RICHARD BARETT  
 STREET ADDRESS: 29621 NORTHWESTERN Hwy  
 CITY-ST-ZIP: Southfield MI 48034

TITLE: PD COO + CEO  Delete  
 NAME: SMITH, RICHARD H  
 STREET ADDRESS: 17290 STONEBROOK DRIVE  
 CITY-ST-ZIP: NORTHVILLE, MI 48167

TITLE: VP  Change  Addition  
 NAME: ROBERT BUTTEWORTH  
 STREET ADDRESS: 29621 NORTHWESTERN Hwy  
 CITY-ST-ZIP: Southfield MI 48034

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcia A. Paulsen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07      248-358-4010  
 Date      Daytime Phone #