

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002274

FILED
Apr 08, 2009
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: CEOT () Delete
Name: MARAZZA, JOHN
Address: 2921 NORTHWESTERN HWY
City-St-Zip: SOUTHFIELD, MI 48034

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

Title: VD () Delete
Name: WAWOK, JEFF
Address: 29621 NORTHWESTERN HIGHWAY
City-St-Zip: SOUTHFIELD, MI 48034

Title: V () Delete
Name: BURES, JOHN
Address: 29621 NORTHWESTERN HIGHWAY
City-St-Zip: SOUTHFIELD, MI 48034

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

Title: PCEO () Delete
Name: SMITH, RICHARD H
Address: 847 MCDONALD
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:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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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 exemption stated 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 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

V

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date