

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # F98000002515  
 1. Entity Name  
**TECHTEAM GLOBAL, INC.**

04 JAN 22 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

03-04

000025696890

12/23/03-01005-005 \*\*750.00

2. Principal Place of Business <b>27335 W. ELEVEN MILE</b> Suite, Apt. #, etc.	3. Mailing Address <b>SAME AS LINE 2</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>SOUTHFIELD, MI</b>	City & State	4. FEI Number <b>38-2774613</b>	Applied For Not Applicable
Zip <b>48034</b>	Country <b>USA</b>	Zip	Country

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <b>CT-CORPORATION-SYSTEM-</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>		
	City <b>PLANTATION</b>	FL	Zip Code <b>33324</b>

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 *Claudia L. Sadri* **Claudia L. Sadri**  
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE **1/6/04**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE <b>PRESIDENT</b> NAME <b>WILLIAM F. COYRO, JR.</b> STREET ADDRESS <b>27335 W. ELEVEN MILE RD</b> CITY-ST-ZIP <b>SOUTHFIELD, MI 48034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p style="font-size: 1.2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> <p style="font-size: 1.5em; font-weight: bold;">000025696890</p> <p style="font-size: 1.2em;">01/27/04-01001-022 **150.00</p>
TITLE <b>VICE PRESIDENT</b> NAME <b>DAVID W. MORGAN</b> STREET ADDRESS <b>27335 W. ELEVEN MILE RD</b> CITY-ST-ZIP <b>SOUTHFIELD, MI 48034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>SECRETARY</b> NAME <b>MICHAEL A. SOSIN</b> STREET ADDRESS <b>27335 W. ELEVEN MILE RD</b> CITY-ST-ZIP <b>SOUTHFIELD, MI 48034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>TREASURER</b> NAME <b>DAVID W. MORGAN</b> STREET ADDRESS <b>27335 W. ELEVEN MILE RD</b> CITY-ST-ZIP <b>SOUTHFIELD, MI 48034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other information required.

SIGNATURE: *David W. Morgan* **DAVID W. MORGAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/12/03** Daytime Phone # **248-263-8741**