

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90090 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # F98000003328

1. Corporation Name
COVERAGEONE, INC.



Principal Place of Business
3044 WEST GRAND BLVD
MC: 482-1X3-301
DETROIT MI 48202
Mailing Address
3044 WEST GRAND BLVD
MC: 482-1X3-301
DETROIT MI 48202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1998
4. FEI Number: 52-2102128
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like FINNEGAN, JOHN D, BORIS, JOHN P, DUNN, JOHN J JR, QUENNEVILLE, CATHY L, YOUNG, JOHN D, DONNAY, ROBERT L.

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ REQUIRED Donnay, Asst. Secy. 3/11/99 313 556-2200
DATE: _____ DAYTIME PHONE: _____

CR2F034-141/98