

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**  
 02-08-2001 90035 046 \*\*\*150.00

0586465

**DOCUMENT # F98000003328**  
 1. Entity Name  
**COVERAGEONE, INC.**

Principal Place of Business <b>300 GALLERIA OFFICENTRE, SUITE 200          MC: 480-300-216          SOUTHFIELD MI 48034</b>	Mailing Address <b>300 GALLERIA OFFICENTRE, SUITE 200          MC: 480-300-216          SOUTHFIELD MI 48034</b>
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**918155**



DO NOT WRITE IN THIS SPACE

2. Print <b>300 Galleria Officentre</b>	3. IV <b>300 Galleria Officentre</b>
Suite <b>Suite 200</b>	SI <b>Suite 200</b>
City <b>Southfield, MI 48034</b>	C <b>Southfield, MI 48034</b>

4. FEI Number <b>52-2102128</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>USA</b>	Country <b>USA</b>	Zip <b>USA</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 <b>FL</b> 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FINNEGAN, JOHN D</b> <b>3044 WEST GRAND BLVD. MC: 482-1X3-301</b> <b>DETROIT MI 48202</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD</b> <b>BORIS, JOHN P</b> <b>3044 WEST GRAND BLVD. MC: 482-1X3-301</b> <b>DETROIT MI 48202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUNN, JOHN J JR</b> <b>3044 WEST GRAND BLVD. MC: 482-1X3-301</b> <b>DETROIT MI 48202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>QUENNEVILLE, CATHY L</b> <b>3044 WEST GRAND BLVD. MC: 482-1X3-301</b> <b>DETROIT MI 48202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>YOUNG, JOHN D</b> <b>3044 WEST GRAND BLVD. MC: 482-1X3-301</b> <b>DETROIT MI 48202</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>DONNAY, ROBERT L</b> <b>3044 WEST GRAND BLVD. MC: 482-1X3-301</b> <b>DETROIT MI 48202</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Thomas D. Callahan.</b> change <input checked="" type="checkbox"/> Addition <b>300 Galleria Officentre.</b> <b>Suite 200</b> <b>Southfield, MI 48034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400 Galleria Officentre</b> <b>Suite 200</b> <b>Southfield, MI 48034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 Galleria Officentre</b> <b>Suite 200</b> <b>Southfield, MI 48034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Renaissance Center</b> <b>P.O. Box 200</b> <b>Detroit, MI 48265</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Grover M. Edie</b> <b>300 Galleria Officentre</b> <b>Suite 200</b> <b>Southfield, MI 48034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 Galleria Officentre</b> <b>Suite 200</b> <b>Southfield, MI 48034</b>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** C. A. Miller **C. A. Miller, Asst. Secretary** 2/2/01 **248-263-6910**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
918155  
F98000003328

COVERAGEONE, INC.

BOARD OF DIRECTORS

William B. Noll, Chairman  
John P. Boris  
Thomas D. Callahan  
John J. Dunn, Jr.  
Grover M. Edie  
John W. Murdock  
Deborah M. Pfliegel  
Arturo M. Raschbaum

ADDRESS

300 Galleria Officentre, Southfield, MI 48034  
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300 Galleria Officentre, Southfield, MI 48034  
6000 Midlantic Drive, Mt. Laurel, NJ 08054

OFFICERS

President:

William B. Noll 300 Galleria Officentre, Southfield, MI 48034

Executive Vice President:

John P. Boris 400 Galleria Officentre, Southfield, MI 48034

Vice Presidents:

Deborah M. Pfliegel 300 Galleria Officentre, Southfield, MI 48034

Treasurer:

John J. Dunn, Jr. 300 Galleria Officentre, Southfield, MI 48034

Secretary:

Cathy L. Quenneville 200 Renaissance Center, Detroit, MI 48265

Assistant Secretaries:

Robert L. Donnay 300 Galleria Officentre, Southfield, MI 48034  
Cynthia A. Miller 300 Galleria Officentre, Southfield, MI 48034