

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004280

1. Entity Name

COMSHARE (U.S.), INC.

Principal Place of Business

555 BRIARWOOD CIR  
ANN ARBOR MI 48108

Mailing Address

P.O. BOX 1588  
ANN ARBOR MI 48106  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 38-3295148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCP ☐ Delete  
NAME GANSTER, DENNIS  
STREET ADDRESS 1040 LAKERIDGE DR  
CITY-ST-ZIP BRIGHTON MI 48116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVT ☒ Delete  
NAME JEHLE, KATHY  
STREET ADDRESS 2455 ADARE RD  
CITY-ST-ZIP ANN ARBOR MI 48104

TITLE VP, CFO, & Treasurer ☒ Change ☐ Addition  
NAME Brian Jarzynski  
STREET ADDRESS 302 Savannah Drive  
CITY-ST-ZIP Canton, MI 48187

TITLE DS ☒ Delete  
NAME KHOURY, MICHAEL S  
STREET ADDRESS 46390 GALWAY DR  
CITY-ST-ZIP NOVI MI 48374

TITLE Secretary ☒ Change ☐ Addition  
NAME Patrick D. Berryman  
STREET ADDRESS 13547 Bismarck Ct  
CITY-ST-ZIP Hartland MI 48353

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90026 008 \*\*\*150.00

530994



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)