2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am DOCUMENT # F96000004280 **Secretary of State** 1. Entity Name 02-04-2002 90162 023 ***150 00 COMSHARE (U.S.), INC. 型機能能の 自己 はいしゅうばい かり ねばつご Principal Place of Business Mailing Address 555 BRIARWOOD CIR P.O. BOX 1588 ANN ARBOR MI 48108 ANN ARBOR MI 48106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 38-3295148 Not Applicable Zip Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change TITLE ☐ Delete TITLE DCP NAME NAME **GANSTER, DENNIS** STREET ADDRESS STREET ADDRESS 1040 LAKERIDGE DR CITY-ST-ZIP CITY-ST-ZIP **BRIGHTON MI 48116** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME JARZYNSKI, BRIAN STREET ADDRESS STREET ADDRESS 302 SAVANNAH.DRIVE CITY-ST-ZIP CITY-ST-ZIP CANTON MI 48187 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BERRYMAN, PATRICK STREET ADDRESS STREET ADDRESS 13547 BISMARCK CT CITY-ST-ZIP CITY-ST-ZIP HARTLAND MI 48353 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME JARZYNSKI, BRIAN STREET ADDRESS STREET ADDRESS **302 SAVANNAH DRIVE** CITY-ST-ZIP CITY-ST-ZIP CANTON MI 48187 ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

3. 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 of the empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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