

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90098 013 \*\*\*150.00

**DOCUMENT # F97000002274**

1. Entity Name  
**COVERX CORPORATION**



Principal Place of Business  
**29621 NORTHWESTERN HWY  
SOUTHFIELD, MI 48034**

Mailing Address  
**P.O. BOX 5096  
SOUTHFIELD, MI 48086**

**40014814**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**38-2027233**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSD  
SHAW, JEROME M  
4751 COVE RD.  
ORCHARD LAKE, MI 48323** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EXECUTIVE VP, TREASURER, CFO  
DIRECTOR  
JOHN MARAZZA  
29621 NORTHWESTERN HWY  
SOUTHFIELD, MI 48034** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
DULAPA, THOMAS B  
4487 TIMBERLAKE CT.  
UTICA, MI 48137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EXEC VP, DIRECTOR  
JEFF WAWOK  
29621 NORTHWESTERN HWY  
SOUTHFIELD MI 48034** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
WEAVER, WILLIAM S  
47455 BLUE HERON CT  
NORTHVILLE, MI 48167** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
JOHN BUCES  
29621 NORTHWESTERN HWY  
SOUTHFIELD MI 48034** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
SMITH, RICHARD H  
17290 STONEBROOK DR.  
NORTHVILLE, MI 48167** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
FRANCIS MCGOVERN  
29621 NORTHWESTERN HWY  
SOUTHFIELD MI 48034** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
MARCIA, PAULSEN M  
43895 CHERRY GROVE CT.W  
CANTON, MI 48188** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
RICHARD BARETT  
29621 NORTHWESTERN HWY  
SOUTHFIELD MI 48034** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD COO + CEO  
SMITH, RICHARD H  
17290 STONEBROOK DRIVE  
NORTHVILLE, MI 48167** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
ROBERT BUTTEWORTH  
29621 NORTHWESTERN HWY  
SOUTHFIELD MI 48034** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marion A. Paulsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Date

248-358-4010

Daytime Phone #