

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90967 031 ***150.00

DOCUMENT # F97000003443

1. Entity Name

Clover Technologies, Inc. ✓

Principal Place of Business

ONE CLOVER CT.
WIXOM, MI 48393-2311

Mailing Address

305 S. WACKER DRIVE.
TAX DEPARTMENT 036th FLR
CHICAGO, ILLINOIS 60606

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

38-1795964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33323

7. Name and Address of New Registered Agent

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, 2000 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	President	<input type="checkbox"/> Delete
NAME	Leonard Kruszewski	
STREET ADDRESS	1 Clover Court	
CITY-ST-ZIP	Wixom, MI 48393	
TITLE	Chief Financial Officer	<input type="checkbox"/> Delete
NAME	David Morgan	
STREET ADDRESS	1 Clover Court	
CITY-ST-ZIP	Wixom, MI 48393	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Walter O Theiss	
STREET ADDRESS	One Bell Plaza	
CITY-ST-ZIP	Dallas, TX 75202	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Michael Wagner	
STREET ADDRESS	175 E. Houston	
CITY-ST-ZIP	San Antonio, TX 78205	
TITLE	Vice President - Taxes	<input type="checkbox"/> Delete
NAME	Tod Clarno	
STREET ADDRESS	305 S. Wacker Drive	
CITY-ST-ZIP	Chicago, Illinois	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	Denise Latin	
STREET ADDRESS	Clover Technology Park	
CITY-ST-ZIP	Wixom, MI 48393	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rayford Wilkins, Jr.	
STREET ADDRESS	530 McCullough	
CITY-ST-ZIP	San Antonio, TX 78215	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas McGrath	
STREET ADDRESS	One Bell Plaza	
CITY-ST-ZIP	Dallas, TX 75202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tod Clarno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)