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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90090 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003328

1. Corporation Name
COVERAGEONE, INC.

Principal Place of Business
3044 WEST GRAND BLVD
MC: 482-1X3-301
DETROIT MI 48202

Mailing Address
3044 WEST GRAND BLVD
MC: 482-1X3-301
DETROIT MI 48202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

52-2102128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FINNEGAN, JOHN D	
STREET ADDRESS	3044 WEST GRAND BLVD. MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI 48202	

TITLE	EVD	<input type="checkbox"/> DELETE
NAME	BORIS, JOHN P	
STREET ADDRESS	3044 WEST GRAND BLVD. MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI 48202	

TITLE	T	<input type="checkbox"/> DELETE
NAME	DUNN, JOHN J JR	
STREET ADDRESS	3044 WEST GRAND BLVD. MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI 48202	

TITLE	S	<input type="checkbox"/> DELETE
NAME	QUENNEVILLE, CATHY L	
STREET ADDRESS	3044 WEST GRAND BLVD. MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI 48202	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	YOUNG, JOHN D	
STREET ADDRESS	3044 WEST GRAND BLVD. MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI 48202	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	DONNAY, ROBERT L	
STREET ADDRESS	3044 WEST GRAND BLVD. MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI 48202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 REQUIRED

Donnay, Asst. Secy.

3/11/99

313 556-2200

Date

Daytime Phone #