

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003328

1. Entity Name

COVERAGEONE, INC.

Principal Place of Business

300 GALLERIA OFFICENTRE, SUITE 200
MC: 480-300-216
SOUTHFIELD MI 48034

Mailing Address

300 GALLERIA OFFICENTRE, SUITE 200
MC: 480-300-216
SOUTHFIELD MI 48034

2. Print

300 Galleria Officentre

Suite

Suite 200

City

Southfield, MI 48034

3. IV

300 Galleria Officentre

Suite

Suite 200

MC:

480-300-216

City

Southfield, MI 48034

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

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

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, 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

TITLE	D	<input checked="" 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 checked="" 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	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	change	<input checked="" type="checkbox"/> Addition
NAME	Thomas D. Callahan		
STREET ADDRESS	300 Galleria Officentre		
CITY-ST-ZIP	Suite 200 Southfield, MI 48034		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	400 Galleria Officentre		
STREET ADDRESS	Suite 200		
CITY-ST-ZIP	Southfield, MI 48034		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	300 Galleria Officentre		
STREET ADDRESS	Suite 200		
CITY-ST-ZIP	Southfield, MI 48034		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	200 Renaissance Center		
STREET ADDRESS	P.O. Box 200		
CITY-ST-ZIP	Detroit, MI 48265		
TITLE	D	Change	<input checked="" type="checkbox"/> Addition
NAME	Grover M. Edie		
STREET ADDRESS	300 Galleria Officentre		
CITY-ST-ZIP	Suite 200 Southfield, MI 48034		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	300 Galleria Officentre		
STREET ADDRESS	Suite 200		
CITY-ST-ZIP	Southfield, MI 48034		

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:

C. A. Miller

C. A. Miller, Asst. Secretary

2/2/01

248-263-6910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0586485

CR2E034 (10/00)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90035 046 ***150.00

918155



DO NOT WRITE IN THIS SPACE

Attachment
918155
F98000003328

COVERAGEONE, INC.

BOARD OF DIRECTORS

William B. Noll, Chairman
John P. Boris
Thomas D. Callahan
John J. Dunn, Jr.
Grover M. Edie
John W. Murdock
Deborah M. Pfliegel
Arturo M. Raschbaum

ADDRESS

300 Galleria Officentre, Southfield, MI 48034
400 Galleria Officentre, Southfield, MI 48034
300 Galleria Officentre, Southfield, MI 48034
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300 Galleria Officentre, Southfield, MI 48034
6000 Midlantic Drive, Mt. Laurel, NJ 08054

OFFICERS

President:

William B. Noll

300 Galleria Officentre, Southfield, MI 48034

Executive Vice President:

John P. Boris

400 Galleria Officentre, Southfield, MI 48034

Vice Presidents:

Deborah M. Pfliegel

300 Galleria Officentre, Southfield, MI 48034

Treasurer:

John J. Dunn, Jr.

300 Galleria Officentre, Southfield, MI 48034

Secretary:

Cathy L. Quenneville

200 Renaissance Center, Detroit, MI 48265

Assistant Secretaries:

Robert L. Donnay
Cynthia A. Miller

300 Galleria Officentre, Southfield, MI 48034
300 Galleria Officentre, Southfield, MI 48034