

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15522 (6)

1. Corporation Name

COMPUWARE CORPORATION OF MICHIGAN

Principal Place of Business

31440 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334-2564

Mailing Address

31440 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334-2564



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/10/1987

3a. Date of Last Report

05/16/1995

4. FEI Number

38-2007430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

GREEN, CATHY
5130 EISENHOWER BLVD., SUITE 300
TAMPA FL 33634

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 refiled along)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME KARMANOS, PETER
STREET ADDRESS 31440 NORTHWESTERN HWY.
CITY- ST- ZIP FARMINGTON HILLS MI

TITLE VST ☐ DELETE
NAME THEWES, THOMAS
STREET ADDRESS 31440 NORTHWESTERN HWY.
CITY- ST- ZIP FARMINGTON HILLS MI

TITLE DV ☐ DELETE
NAME PROWSE, W. JAMES
STREET ADDRESS 31440 NORTHWESTERN HWY.
CITY- ST- ZIP FARMINGTON HILLS MI

TITLE VD ☐ DELETE
NAME NATHAN, JOSEPH A.
STREET ADDRESS 31440 NORTHWESTERN HWY.
CITY- ST- ZIP FARMINGTON HILLS MI

TITLE DV ☐ DELETE
NAME CAPONIGRO, RALPH
STREET ADDRESS 31440 NORTHWESTERN HWY.
CITY- ST- ZIP FARMINGTON HILLS MI

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

(810) 737-7300

CR2E034 (12/95)