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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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



3. Date Incorporated or Qualified 08/10/1987	3a. Date of Last Report 04/18/1996
4. FEI Number 38-2007430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	KARMANOS, PETER	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	THEWES, THOMAS	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PROWSE, W. JAMES	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NATHAN, JOSEPH A.	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAPONIGRO, RALPH	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	Costello, Thomas	
STREET ADDRESS	31440 Northwestern Hwy.	
CITY-ST-ZIP	Farmington Hills, MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" 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	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TVD	<input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *R.A. Caponigro* 4/29/97 (810) 737-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)