


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
3. Date Incorporated or Qualified 08/10/1987			4. FEI Number 38-2007430 Applied For 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		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE C NAME KARMANOS, PETER STREET ADDRESS 31440 NORTHWESTERN HWY. CITY-ST-ZIP FARMINGTON HILLS MI <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D NAME THEWES, THOMAS STREET ADDRESS 31440 NORTHWESTERN HWY. CITY-ST-ZIP FARMINGTON HILLS MI <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE DV NAME PROWSE, W. JAMES STREET ADDRESS 31440 NORTHWESTERN HWY. CITY-ST-ZIP FARMINGTON HILLS MI <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE PVD NAME NATHAN, JOSEPH A. STREET ADDRESS 31440 NORTHWESTERN HWY. CITY-ST-ZIP FARMINGTON HILLS MI <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE TVD NAME CAPONIGRO, RALPH STREET ADDRESS 31440 NORTHWESTERN HWY. CITY-ST-ZIP FARMINGTON HILLS MI <input checked="" type="checkbox"/> DELETE			5.1 TITLE T 5.2 NAME Laura Fournier 5.3 STREET ADDRESS 31440 Northwestern Hwy. 5.4 CITY-ST-ZIP Farmington Hills, MI 48334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE SVD NAME COSTELLO, THOMAS STREET ADDRESS 31440 NORTHWESTERN HWY. CITY-ST-ZIP FARMINGTON HILLS MI <input type="checkbox"/> DELETE			6.1 TITLE 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.

SIGNATURE: Laura Fournier LAURA FOURNIER 4/29/98 (408) 737-7300

CR2E034 (10/97)