

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90737 013 ***150.00

DOCUMENT # P15522

1. Entity Name
COMPUWARE CORPORATION OF MICHIGAN



Principal Place of Business Mailing Address
~~31440 NORTHWESTERN HIGHWAY~~
FARMINGTON HILLS, MI 48334-2564 ~~31440 NORTHWESTERN HIGHWAY~~
FARMINGTON HILLS, MI 48334-2564

2. Principal Place of Business 3. Mailing Address
One Campus Martius *One Campus Martius*
Suite, Apt. #, etc. Suite, Apt. #, etc.



01192004 Chg-P CR2E034 (10/03)

City & State *Detroit, Michigan* City & State *Detroit, Michigan* 4. FEI Number 38-2007430 Applied For Not Applicable
Zip *48226-5099* Country Zip *48226-5099* Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	KARMANOS, PETER	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS, MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPPELL, ELIZABETH	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON, MI 483342564	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROWSE, W. JAMES	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS, MI	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NATHAN, JOSEPH A.	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS, MI	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FOURNIER, LAURA	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334	
TITLE	SV	<input type="checkbox"/> Delete
NAME	COSTELLO, THOMAS	
STREET ADDRESS	31440 NORTHWESTERN HWY.	
CITY-ST-ZIP	FARMINGTON HILLS, MI	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>one campus martius</i>
STREET ADDRESS	<i>Detroit, MI 48226-5099</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>one campus martius</i>
STREET ADDRESS	<i>Detroit, MI 48226-5099</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>one campus martius</i>
STREET ADDRESS	<i>Detroit, MI 48226-5099</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>P</i>
STREET ADDRESS	<i>VACANT</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>one campus martius</i>
STREET ADDRESS	<i>Detroit, MI 48226-5099</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>one campus martius</i>
STREET ADDRESS	<i>Detroit, MI 48226-5099</i>
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Fournier* Laura Fournier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 313-227-7300
Date Daytime Phone #