

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90026 030 ***150.00

DOCUMENT # P15522

1. Entity Name
COMPUWARE CORPORATION



Principal Place of Business
**ONE CAMPUS MARTIUS
DETROIT, MI 48226-5099**

Mailing Address
**ONE CAMPUS MARTIUS
DETROIT, MI 48226-5099**

40044621



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2007430

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
KARMANOS, PETER
ONE CAMPUS MARTIUS
DETROIT, MI 482265099**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PROWSE, W. JAMES
ONE CAMPUS MARTIUS
DETROIT, MI 482265099**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
FOURNIER, LAURA
ONE CAMPUS MARTIUS
DETROIT, MI 482265099**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SV
COSTELLO, THOMAS
ONE CAMPUS MARTIUS
DETROIT, MI 482265099**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

313-227-7300

Daytime Phone #