

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90045 002 ***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**

DO NOT WRITE IN THIS SPACE



01252008 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, 2008 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
C
KARMANOS, PETER
STREET ADDRESS
ONE CAMPUS MARTIUS
CITY-ST-ZIP
DETROIT, MI 482265099

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

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

TITLE
NAME
SV
COSTELLO, THOMAS
STREET ADDRESS
ONE CAMPUS MARTIUS
CITY-ST-ZIP
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 L Fournier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2008
Date

(313) 227-7300
Daytime Phone #