2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State
06-02-2004 90001 024 ***150.00

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1. Entity Name
KELSEY-HAYES COMPANY

54056327

Principal Place of Business	Mailing Address
12025 TECH CENTER DRIVE LIVONIA, MI 48150	18252 LAUREL PARK DR. N. SUITE 300 WEST LIVONIA, MI 48152 US

05062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3369789 ☐ 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 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PLANT, JOHN		NAME		
STREET ADDRESS	12025 TECH CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVONIA, MI 48150		CITY-ST-ZIP		
TITLE	VTD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CAUTIE, JOSEPH S		NAME	CANTIE, JOSEPH S	
STREET ADDRESS	12025 TECHCENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVONIA, MI 48150		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BIALOSKY, DAVID L		NAME		
STREET ADDRESS	12025 TECH CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVONIA, MI 48150		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUNN, STEVE		NAME		
STREET ADDRESS	12025 TECHCENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVONIA, MI 48150		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCNALLY, MARIANN		NAME		
STREET ADDRESS	12025 TECHCENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVONIA, MI 48150		CITY-ST-ZIP		
TITLE	ASST. VICE PRESIDENT, TAXES	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GILMOUR, MARK		NAME		
STREET ADDRESS	18252 LAUREL PARK DR N. STE. 300W		STREET ADDRESS		
CITY-ST-ZIP	LIVONIA, MI 48152		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: Mark Gilmour 734 853 6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARK GILMOUR