

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001745

**Entity Name:** BOSCH AUTOMOTIVE SERVICE SOLUTIONS LLC

**Current Principal Place of Business:**

28635 MOUND ROAD  
WARREN, MI 48092

**Current Mailing Address:**

2800 SOUTH 25TH AVENUE  
BROADVIEW, IL 60155 US

**FEI Number:** 37-1657324

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title ASST. TREASURER  
Name MARRON, BRIAN  
Address 2800 SOUTH 25TH AVENUE  
City-State-Zip: BROADVIEW IL 60155

Title VP  
Name BUSCHKA, VOLKER  
Address 7121 N HAGGERTY RD  
City-State-Zip: CANTON MI 48187

Title VP  
Name JENNINGS, ROBERT  
Address 2030 ALAMEDA PADRE SERRA  
City-State-Zip: SANTA BARBARA CA 93103

Title SECRETARY  
Name WILLIAMS, TOM  
Address 5150 PRAIRIE STONE PARKWAY  
City-State-Zip: HOFFMAN ESTATES IL 60192

Title ASST. SECRETARY  
Name LOWITZ ADLER, JUDITH  
Address 38000 HILLS TECH DR.  
City-State-Zip: FARMINGTON HILLS MI 48331

Title ASST. SECRETARY  
Name JOHANSON, TAMI  
Address 38000 HILLS TECH DR.  
City-State-Zip: FARMINGTON HILLS MI 48331

Title TREASURER  
Name GILMOUR, MARK  
Address 2800 S. 25TH AVE  
City-State-Zip: BROADVIEW IL 60155

Title ASST. TREASURER  
Name MACHNYK, DAVID  
Address 2800 S. 25TH AVE  
City-State-Zip: BROADVIEW IL 60155

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN MARRON

**ASST. TREASURER**

**05/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title            PRESIDENT  
Name            ARFI, TANVIR  
Address         7121 NORTH HAGGERTY RD  
City-State-Zip: CANTON MI 48187

Title            DIRECTOR  
Name            JOERGENRUD, ODD  
Address         2800 SOUTH 25TH AVENUE  
City-State-Zip: BROADVIEW IL 60155

Title            DIRECTOR  
Name            MANSUETTI, MIKE  
Address         38000 HILLS TECH DR.  
City-State-Zip: FARMINGTON HILLS MI 48331

Title            DIRECTOR  
Name            ZIMMERMAN, CHRISTINE  
Address         38000 HILLS TECH DR.  
City-State-Zip: FARMINGTON HILLS MI 48331