

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001745

Entity Name: SERVICE SOLUTIONS U.S. LLC**Current Principal Place of Business:**28635 MOUND ROAD
WARREN, MI 48092**Current Mailing Address:**28635 MOUND ROAD
WARREN, MI 48092 US**FEI Number:** 37-1657324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name ARFI, TANVIR
Address 7121 N HAGGERTY RD
City-State-Zip: CANTON MI 48187

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

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

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

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

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

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

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

Continues on page 2

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MARRON**MEMBER****04/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	MARRON, BRIAN
Address	2800 S. 25TH AVE
City-State-Zip:	BROADVIEW IL 60155