

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000004930

**Entity Name:** FORD AUTONOMOUS VEHICLES LLC

**Current Principal Place of Business:**

1907 MICHIGAN AVE.  
DETROIT , MI 48216

**Current Mailing Address:**

TAX DEPARTMENT, FORD WHQ, ROOM 612  
1 AMERICAN ROAD  
DEARBORN, MI 48126 US

**FEI Number: 38-0549190**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 ASST. SECRETARY  
Name MACGILLIVRAY, COREY  
Address 1907 MICHIGAN AVE.  
City-State-Zip: DETROIT MI 48216

Title MANAGER  
Name FORD, WILLIAM JR.  
Address 1907 MICHIGAN AVE.  
City-State-Zip: DETROIT MI 48216

Title MANAGER  
Name FARLEY, JAMES  
Address 1907 MICHIGAN AVE.  
City-State-Zip: DETROIT MI 48216

Title MANAGER  
Name HACKETT, JAMES  
Address 1907 MICHIGAN AVE.  
City-State-Zip: DETROIT MI 48216

Title MANAGER  
Name LAWLER, JOHN  
Address 1907 MICHIGAN AVE.  
City-State-Zip: DETROIT MI 48216

Title MANAGER  
Name STONE, TIMOTHY  
Address 1907 MICHIGAN AVE.  
City-State-Zip: DETROIT MI 48216

*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: COREY MACGILLIVRAY**

**ASSISTANT SECRETARY 03/09/2020**

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

\_\_\_\_\_  
Date