

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000178

Entity Name: KEY SAFETY SYSTEMS, INC.**Current Principal Place of Business:**7000 NINETEEN MILE RD.
STERLING HEIGHTS, MI 48314**Current Mailing Address:**5300 ALLEN K BREED HWY
LAKELAND, FL 33811 US**FEI Number:** 22-2767118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUPTILL, LIZANNE
5300 ALLEN K BREED HWY
LAKELAND, FL 33811 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**Officer/Director Detail :**

Title DCEO
Name LUO, JASON
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

Title D
Name MURPHY, THOMAS S
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

Title S
Name DONO, THOMAS MJR.
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

Title DIRECTOR
Name SCHEELE, NICHOLAS
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

Title D
Name ROSE, ALEXANDER M
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

Title T
Name STROMBOM, CRAIG
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

Title AS
Name GUPTILL, LIZANNE
Address 5300 ALLEN K. BREED HWY.
City-State-Zip: LAKELAND FL 33811

Title DIRECTOR
Name LIN, SHIRLEY
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: LIZANNE GUPTILL**ASSISTANT SECRETARY** 04/15/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OTAKA, HIDEAKI
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

Title DIRECTOR
Name VOLPERT, BARRY
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314

Title DIRECTOR
Name THUROW, WOLFGANG
Address 7000 NINETEEN MILE RD.
City-State-Zip: STERLING HEIGHTS MI 48314