

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003982

Entity Name: ZF ACTIVE SAFETY US INC.**Current Principal Place of Business:**12001 TECH CENTER DRIVE
LIVONIA, MI 48150**Current Mailing Address:**12001 TECH CENTER DRIVE
LIVONIA, MI 48150**FEI Number:** 13-3369789**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**Officer/Director Detail :**

Title PRESIDENT, CEO AND GENERAL
 MANAGER
Name WOLFE, RICHARD
Address 12001 TECH CENTER DRIVE
City-State-Zip: LIVONIA MI 48150

Title SENIOR VP, GENERAL COUNSEL,
 SECRETARY, DIRECTOR
Name KIRKWOOD, SARAH A.
Address 12001 TECH CENTER DRIVE
City-State-Zip: LIVONIA MI 48150

Title TREASURER
Name SIMONS, GUY
Address 12001 TECH CENTER DRIVE
City-State-Zip: LIVONIA MI 48150

Title ASSISTANT SECRETARY
Name WAY, MICHAEL J
Address 12001 TECH CENTER DRIVE
City-State-Zip: LIVONIA MI 48150

Title COO, EXECUTIVE VP
Name MARNAT, CHRISTOPHE
Address 34605 W TWELVE MILE ROAD
City-State-Zip: FARMINGTON HILLS MI 48331

Title EXECUTIVE VP, DIRECTOR
Name HARJU, JOHN
Address 12001 TECH CENTER DRIVE
City-State-Zip: LIVONIA MI 48150

Title SENIOR VP, CFO, DIRECTOR
Name DEKKER, GERALD
Address 12001 TECH CENTER DRIVE
City-State-Zip: LIVONIA MI 48150

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: MICHAEL J. WAY**ASSISTANT SECRETARY 04/16/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date