

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004059

Entity Name: ROLLS-ROYCE SOLUTIONS AMERICA INC.

FILED
Mar 06, 2024
Secretary of State
4402528543CC

Current Principal Place of Business:

39525 MACKENZIE DRIVE
SUITE 100
NOVI, MI 48377

Current Mailing Address:

39525 MACKENZIE DRIVE
SUITE 100
NOVI, MI 48377 US

FEI Number: 22-2209594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name SEARS, DAVID
Address 39525 MACKENZIE DRIVE
City-State-Zip: NOVI MI 48377

Title SECRETARY
Name VARDAS, JOANNA
Address 39525 MACKENZIE DRIVE
City-State-Zip: NOVI MI 48377

Title TREASURER
Name BUYS, JOHANNES
Address 39525 MACKENZIE DRIVE
City-State-Zip: NOVI MI 48377

Title DIRECTOR
Name BERGER, CLEMENS
Address MAYBACHPLATZ 1
City-State-Zip: 88045, FRIEDRICHSHAFEN

Title DIRECTOR
Name MANNING, ERIK
Address MAYBACHPLATZ 1
City-State-Zip: 88045, FRIEDRICHSHAFEN

Title DIRECTOR
Name OSTERMAIER, TOBIAS
Address MAYBACHPLATZ 1
City-State-Zip: 88045, FRIEDRICHSHAFEN

Title DIRECTOR
Name WECKEL, SAMUEL
Address MAYBACHPLATZ 1
City-State-Zip: 88045, FRIEDRICHSHAFEN

Title PRESIDENT, DIRECTOR
Name WOOD, ADAM
Address 39525 MACKENZIE DRIVE
City-State-Zip: NOVI MI 48377

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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: JOANNA VARDAS

SECRETARY

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GORTZ, ANDREAS
Address MAYBACHPLATZ 1
City-State-Zip: FRIEDRICHSHAFEN 88045