2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005984

Entity Name: AUTOALLIANCE MANAGEMENT COMPANY

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ONE INTERNATIONAL DRIVE FLAT ROCK, MI 48134						
Current Mailing Address:				New Mailing Address:		
WHQ ROOM 615-A5 ONE AMERICAN ROAD DEARBORN, MI 48126			TAX DEPARTMENT, WHQ ROOM 612 ONE AMERICAN ROAD DEARBORN, MI 48126			
FEI Number:	Number: 38-3620214 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New 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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:		Delete DNAL DRIVE		Title: Name: Address: City-St-Zip:	()	Change()Addition
Title: Name: Address: City-St-Zip:	PRES () E ROE, GARY ONE INTERNATION FLAT ROCK, MI			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	SEC () E LEHRMAN, JERC ONE AMERICAN DEARBORN, MI	ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VP () E JOHNSON, REX ONE INTERNATION FLAT ROCK, MI			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	DIR () E ROE, GARY ONE INTERNATION FLAT ROCK, MI			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	T () E NAKPAIRAT, JAM ONE INTERNATION FLAT ROCK, MI	DNAL DR		Title: Name: Address: City-St-Zip:	TREA (X) NAKPAIRAT, JAI ONE INTERNATI FLAT ROCK, MI	ONAL DRIVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEROME LEHRMAN SEC 04/20/2009