

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000000298**

1. Entity Name  
**GKN NORTH AMERICA SERVICES, INC.**



Principal Place of Business  
**550 WARRENVILLE ROAD  
LISLE, IL 60532**

Mailing Address  
**550 WARRENVILLE ROAD  
LISLE, IL 60532**



03102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1382461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STEPHEN R 550 WARRENVILLE ROAD LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESTMAN, PAUL J 550 WARRENVILLE ROAD LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIANNANGELI, JOHN 3300 UNIVERSITY DRIVE AUBURN HILLS, MI 48326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUSTAFSON, BARBARA A 550 WARRENVILLE ROAD LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PEREZ, HUGO 550 WARRENVILLE ROAD LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000272386  
03/22/05-80003-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*By: Paul J. Westman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul J. Westman**

**03/17/05 630/737-1456**

**Vice Pres. - Taxation**

Daytime Phone