2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State **DOCUMENT # M00000000258** 05-02-2007 90347 017 ****50.00 MERITOR HEAVY VEHICLE SYSTEMS, LLC Principal Place of Business Mailing Address 40098054 2135 W. MAPLE RD 2135 W. MAPLE RD. TROY, MI 48084-7186 TROY, MI 48084-7186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04162007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 38-3371768 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 Make check payable to Filing Fee is \$50.00 Florida Department of State 4.7% Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change Addition BAKER, V.G. II NAME NAME STREET ADDRESS 2135 W. MAPLE RD. STREET ADDRESS TROY, MI 480847186 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete ☐ Change ■ Addition TITLE NAME LEHMANN, MARY NAME 2135 WEST MAPLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TROY, MI 48084 CITY-ST-ZIP President MGR Delete ☐ Change TITLE TITLE Addition Carsten Reinhardt GOSNELL, THOMAS NAME NAME 2135 W. MAPLE RD. STREET ADDRESS 2135 W. Mode Rd. STREET ADDRESS TROY, MI 480847186 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Addition MCMICHAEL, R. NEALE NAME NAME STREET ADDRESS 2135 W. MAPLE ROAD STREET ADDRESS TROY, MI 480847186 CITY-ST-7IP CITY-ST-ZIP Change ☐ Defete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete Change ☐ Addition TITLE TITLE NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED