

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000258

FILED
May 01, 2009
Secretary of State

Entity Name: MERITOR HEAVY VEHICLE SYSTEMS, LLC

Current Principal Place of Business:

2135 W. MAPLE RD.
TROY, MI 480847186

New Principal Place of Business:

Current Mailing Address:

2135 W. MAPLE RD.
TROY, MI 480847186

New Mailing Address:

FEI Number: 38-3371768 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAKER, V.G. II
Address: 2135 W. MAPLE RD.
City-St-Zip: TROY, MI 480847186

Title: MGR () Delete
Name: LEHMANN, MARY
Address: 2135 WEST MAPLE ROAD
City-St-Zip: TROY, MI 48084

Title: P () Delete
Name: REINHART, CARSTEN
Address: 2135 W. MAPLE RD.
City-St-Zip: TROY, MI 480847186

Title: AT () Delete
Name: SCHMITTER, CRAIG
Address: 2135 W MAPLE RD
City-St-Zip: TROY, MI 48084

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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.

SIGNATURE: CRAIG SCHMITTER

AT

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date