

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90134 011 \*\*\*\*50.00

**DOCUMENT # M02000000004**



1. Entity Name  
**MSX INTERNATIONAL PLATFORM SERVICES, LLC**

Principal Place of Business  
**22355 W ELEVEN MILE ROAD  
SOUTHFIELD, MI 48034**

Mailing Address  
**22355 W ELEVEN MILE ROAD  
SOUTHFIELD, MI 48034**

**14026790**



2. Principal Place of Business  
**1950 Concept Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1950 Concept Drive**  
Suite, Apt. #, etc.

07022004 Chg-LLC CR2E083 (10/03)

City & State  
**Warren, MI**  
Zip **48091** Country **U.S.A.**

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**Warren, MI**  
Zip **48091** Country **U.S.A.**

4. FEI Number  
**38-3629457**  
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **MINTURN, FREDERICK K**  
STREET ADDRESS **22355 W ELEVEN MILE ROAD**  
CITY-ST-ZIP **SOUTHFIELD, MI 48034**

TITLE **MGR** ☐ Delete  
NAME **CRITTENDEN, DAVID A**  
STREET ADDRESS **22355 W ELEVEN MILE ROAD**  
CITY-ST-ZIP **SOUTHFIELD, MI 48034**

TITLE **MGR** ☐ Delete  
NAME **PIKE, DENNIS C**  
STREET ADDRESS **22355 W ELEVEN MILE ROAD**  
CITY-ST-ZIP **SOUTHFIELD, MI 48034**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** *Dennis Pike* **Dennis Pike, manager**

**7/12/04 (248) 889-6002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #