

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000004

1. Entity Name
MSX INTERNATIONAL PLATFORM SERVICES, LLC



Principal Place of Business

1950 CONCEPT DR
WARREN, MI 48091

Mailing Address

1950 CONCEPT DR
WARREN, MI 48091

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

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

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000267076
03/17/05-80054-020 150.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 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, mgr.

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

1/4/05 (248) 839-6000
Date Daytime Phone #