

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001703

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** DCFS USA LLC

**Current Principal Place of Business:**

36455 CORPORATE DRIVE  
OTA, 3 EAST  
FARMINGTON HILLS, MI 48331

**New Principal Place of Business:**

36455 CORPORATE DRIVE  
FARMINGTON HILLS, MI 48331

**Current Mailing Address:**

36455 CORPORATE DRIVE  
OTA, 3 EAST  
FARMINGTON HILLS, MI 48331

**New Mailing Address:**

36455 CORPORATE DRIVE  
FARMINGTON HILLS, MI 48331

**FEI Number:** 20-8653034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: HINRICHS, ANDREAS  
Address: 36455 CORPORATE DRIVE  
City-St-Zip: FARMINGTON HILLS, MI 48331

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HINRICHS, ANDREAS MGR  
Address: 36455 CORPORATE DRIVE  
City-St-Zip: FARMINGTON HILLS, MI 48331

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: JANE LOUIS

POA

03/26/2009

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