## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE					(0)				
Principal Place of Business Shall Age of State FROY IN 48096-2815  2. Principal Place of Business Suite Age it also Suit	11100000000					FILED			
Principal Place of Business   Mailing Address   TALL ARASSEE, FLORIUA    TASTS PEIPH BINE   TROY MI 4008-2815    TALL ARASSEE, FLORIUA    TALL ARASSEE, FLORIUM    TALL ARASSEE, FLORIUM    TALL ARASSEE, FLORIUM    TALL ARA	DELPHI A	OMOTU	TIVE SYSTEMS LLC			01 MAY -2 PM 1: 42			
\$725 BERH DRIVE TROY MI 4009-2815  2. Principal Place of Business  Sulte, Apt. *, etc.  Sulte, Apt. *, etc.  City & State*  Ci	B: : 18					SECRETARY OF STATE			
2. Principal Pluce of Rusiness  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & State  City & State  City & State  County  250  County  25	· · · · · · · · · · · · · · · · · · ·					TALLAMASSEE, FLORIDA			
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & Suste  City & FL Zip Code  City & Suste  City & Sus	TROY MI 480	98-2815		TROY MI 48098-2815		( ****(***): 114 (****; 1811) \$31() \$81()	II.A. 8:11 :86t		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State	2 Principal Place of Business 3 Mailing Address				<u>.</u>				
City & State  City & State  City & State  Country  Countr	Suite Ant # etc Suite Ant # etc ,					DO NOT WRITE IN THIS SPACE			
TREE   Country   TREE   TREE   Country   Country   TREE   Country	PO L'				x 5086				
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE    City FL   Zip Code				TROY MI		38-3431131 Not	Applicable		
Name   Street Address (RO Box Number is Not Acceptable)	۷۱p 			48007-5086	USA	5. Certificate of Status Desired Fee Required			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Z/p Code	<u> </u>	o, Name	and Address of Current	negistered Agent	Name				
PLANTATION FL 33324  8. The above named entity submits this statement for the purpose of changing its egistored office or registered agent, or both, in the State of Florida.  SIGNATURE    City   FL   Zip Code					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
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.    Signature   Signature   Signature highest of registered agent and the registered agent, or both, in the State of Florida.    Signature   Signature   Signature   Signature registered agent, or both, in the State of Florida.									
SIGNATURE    Signature, hoose or printed name of regulatered agent and 156 it applicable.   NOTT   Regulatered Agent signature required when retrotational)   DATE					City	FL Zip Code			
FILE N WILL FEE IS \$50.00 Make Check Pa rable to Department of State    S.   MANAGING MEMBERS/MEMBERS   10.   ADDITIONS/CHANGES   Addition	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								
FILE N	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)  DATE								
Make Check Pa   Abbite to Department of State     10.   ADDITIONS/CHANGES   10.   ADDITIONS/CHANGES   Addition   Addit		-		1 1	VIII FEE IS \$50.00				
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DEPHI AUTOMOTIVE SYSTEMS CORPORATION STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. MANAGING MEMBERS/MEMBERS				10.				
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		ertify that the	information supplied with	this filing does not qualify for th		Section 119.07(3)(i), Florida Statutes. I further certify that the inf	formation of the		

implicated on this report is true and accurate and that my signature sharmave the same legal effect as it made under dail, that is limited liability company or the receiver or trustee empowered to execute this is port as required by Chapter 608, Florida Statutes. SIGNATURE:

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

Date

14124101

(248)

Date

Date

Continue Decade