

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004902

**Entity Name:** REXAIR, LLC

**Current Principal Place of Business:**

50 WEST BIG BEAVER ROAD  
SUITE 350  
TROY, MI 48084

**Current Mailing Address:**

50 WEST BIG BEAVER ROAD  
SUITE 350  
TROY, MI 48084

**FEI Number:** 83-0442194

**Certificate of Status Desired:** No

**Name and Address of Current 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

**Authorized Person(s) Detail :**

Title MGRM  
Name VIDOVICH, PAUL T  
Address 50 WEST BIG BEAVER ROAD  
City-State-Zip: TROY MI 48084

Title MGRM  
Name VERHELLE, KEVIN  
Address 50 WEST BIG BEAVER ROAD  
City-State-Zip: TROY MI 48084

Title MGRM  
Name MAHONEY, R. SCOTT  
Address 50 WEST BIG BEAVER ROAD  
City-State-Zip: TROY MI 48084

Title MGRM  
Name WILLIAMS, JAMES DIII  
Address 50 WEST BIG BEAVER ROAD  
City-State-Zip: TROY MI 48084

Title MGRM  
Name SCHAFER, BRUCE  
Address 50 WEST BIG BEAVER ROAD  
City-State-Zip: TROY MI 48084

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN VERHELLE

**VP & CFO**

**04/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date