

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007771

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC6717750781**

**Entity Name:** STRATTEC ADVANCED LOGIC, LLC

**Current Principal Place of Business:**

3333 W. GOOD HOPE ROAD  
MILWAUKEE, WI 53209

**Current Mailing Address:**

3333 W. GOOD HOPE ROAD  
MILWAUKEE, WI 53209

**FEI Number:** 30-0774517

**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           MANAGER  
Name           KREJEI, FRANK  
Address        3333 W. GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53209

Title           MANAGER  
Name           HERMANN, THOMAS  
Address        3333 W. GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53209

Title           MANAGER  
Name           MOSIER, CLAY C  
Address        3333 W. GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53209

Title           MANAGER, PRESIDENT, CEO  
Name           HENDERSON, KEVIN  
Address        3333 W. GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53209

Title           TREASURER  
Name           HANSEN, PATRICK  
Address        3333 W. GOOD HOPE ROAD  
City-State-Zip: MILWAUKEE WI 53209

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICK HANSEN

**TREASURER**

**02/25/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date