

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212540558

1.) CORPORATION NAME:

**AMERICAN ROAD SERVICES COMPANY**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F0220923**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE AMERICAN RD  
WHQ ROOM 612

CITY/ST/ZIP: DEARBORN, MI 48126

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY J KUCHENBERG		
TITLE:	DIR/VP		
ADDRESS:	ONE AMERICAN RD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARL S GOOD		
TITLE:	SECRETARY		
ADDRESS:	ONE AMERICAN ROAD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES M MORITZ		
TITLE:	CHAIRMAN		
ADDRESS:	ONE AMERICAN RD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JENNIFER GREENWELL		
TITLE:	ASST SECRETARY		
ADDRESS:	ONE AMERICAN RD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AKASH KASHYAP		
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE AMERICAN RD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CLIFFORD RAGER		
TITLE:	PRESIDENT		
ADDRESS:	ONE AMERICAN RD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONSTANCE SHERMAN VICE PRESIDENT ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MOYNES DIRECTOR ONE AMERICAN RD DEARBORN, MI 48126	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE CARNARVON TREASURER ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHERINE KJOLHEDE VICE PRESIDENT ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN GALLAGHER ASST TREASURER ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIAN ROMEO ASST SECRETARY ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARION HARRIS VICE PRESIDENT ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL SCHLOSS ASST TREASURER ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SMITH ASST VP ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN THOMAS ASST SECRETARY ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRI DENHOF VICE PRESIDENT ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JENNIFER GREENWELL	JENNIFER GREENWELL, ASST	10/22/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.