

1.) CORPORATION NAME:

**AMERICAN ROAD SERVICES COMPANY**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

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

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

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

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

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

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

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:	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:	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:	JAMES M MORITZ CHAIRMAN ONE AMERICAN RD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL S GOOD SECRETARY ONE AMERICAN ROAD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER GREENWELL ASST SECRETARY 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:	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:	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:	JIEM CRANNEY DIRECTOR ONE AMERICAN ROAD DEARBORN, MI 48126	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE PHILLIPS VICE PRESIDENT ONE AMERICAN ROAD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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

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	10/30/2013
_____ 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.