

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212519352

1.) CORPORATION NAME:

FORD AUTO CLUB, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0386468**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

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

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

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

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

NAME:	AKASH KASHYAP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP - CONTROLLER		
ADDRESS:	ONE AMERICAN ROAD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

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

NAME: JAMES MOYNES TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATHERINE KJOLHEDE TITLE: EXEC.VP ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARRION HARRIS TITLE: ASST TREASURER ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JANE CARNARVON TITLE: TREASURER ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARIAN ROMEO TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SUSAN THOMAS TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KATHLEEN GALLAGHER TITLE: ASST TREASURER ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: NEIL SCHLOSS TITLE: ASST TREASURER ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER GREENWELL, ASST SEC PRINTED NAME AND CORPORATE TITLE
5/24/2012 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.	