

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213523637

1.) CORPORATION NAME:

**FORD AUTO CLUB, INC.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0386468**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	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:	KATHERINE KJOLHEDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC.VP		
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:	JANE CARNARVON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE AMERICAN ROAD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARRION HARRIS ASST TREASURER ONE AMERICAN ROAD 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 ROAD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M MORITZ COB 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 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 ROAD 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 ROAD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY KUCHENBERG DIRECTOR ONE AMERICAN ROAD DEARBORN, MI 48126	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MOYNES DIRECTOR ONE AMERICAN ROAD DEARBORN, MI 48126	<input type="checkbox"/> OFFICER	<input checked="" 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	5/20/2013 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.			