

1.) CORPORATION NAME:

AUTOLIV ASP, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1007865**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3350 AIRPORT ROAD

CITY/ST/ZIP: OGDEN, UT 84405

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.

<p>NAME: STEVEN R FREDIN TITLE: PRESIDENT ADDRESS: 995 WHITE OAK DRIVE CITY/ST/ZIP/CO: ORTONVILLE, MI 48462</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS G HARTMAN TITLE: VICE PRESIDENT ADDRESS: 5051 S 1450 E CITY/ST/ZIP/CO: OGDEN, UT 84403</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CRAIG BRIGGS TITLE: TREASURER ADDRESS: 509 E 3425 N CITY/ST/ZIP/CO: N OGDEN, UT 84414</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL S ANDERSON TITLE: SECRETARY ADDRESS: 1320 PACIFIC DRIVE CITY/ST/ZIP/CO: AUBURN HILLS, MI 48326</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM J CAMPBELL TITLE: CFO ADDRESS: 2462 S 900 W CITY/ST/ZIP/CO: SYRACUSE, UT 84075</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAN CARLSON TITLE: DIRECTOR ADDRESS: 3350 AIRPORT ROAD CITY/ST/ZIP/CO: OGDEN, UT 84405</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARS SJOBRING DIRECTOR 3350 AIRPORT ROAD OGDEN, UT 84405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATS WALLIN DIRECTOR 3350 AIRPORT ROAD OGDEN, UT 84405	<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/ CRAIG BRIGGS	CRAIG BRIGGS, TREASURER	7/29/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.