

1.) CORPORATION NAME:

**KELSEY-HAYES COMPANY**

DUE DATE: **7/30/2010**

SCC ID NO: **F1302860**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000
PREFER	1,000

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12001 TECH CENTER DRIVE

CITY/ST/ZIP: LIVONIA, MI 48150-

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.

OFFICER  DIRECTOR

NAME: JOHN PLANT  
TITLE: PRESIDENT  
ADDRESS: 12001 TECH CENTER DRIVE  
CITY/ST/ZIP/CO: LIVONIA, MI 48150-

OFFICER  DIRECTOR

NAME: STEVEN LUNN  
TITLE: VICE PRESIDENT  
ADDRESS: 12001 TECH CENTER DRIVE  
CITY/ST/ZIP/CO: LIVONIA, MI 48150-

OFFICER  DIRECTOR

NAME: MARIANN MCNALLY  
TITLE: ASST SEC  
ADDRESS: 12001 TECH CENTER DRIVE  
CITY/ST/ZIP/CO: LIVONIA, MI 48150-

OFFICER  DIRECTOR

NAME: JOSEPH S CANTIE  
TITLE: VP & CFO  
ADDRESS: 12001 TECH CENTER DRIVE  
CITY/ST/ZIP/CO: LIVONIA, MI 48150-

OFFICER  DIRECTOR

NAME: JEFFERY M COOPER  
TITLE: ASST SECRETARY  
ADDRESS: 12001 TECH CENTER DRIVE  
CITY/ST/ZIP/CO: LIVONIA, MI 48150-

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GARY L HERMANSON	
TITLE:	ASST SECRETARY	
ADDRESS:	12001 TECH CENTER DRIVE	
CITY/ST/ZIP/CO:	LIVONIA, MI 48150-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NEIL E MARCHUK	
TITLE:	VICE PRESIDENT	
ADDRESS:	12001 TECH CENTER DRIVE	
CITY/ST/ZIP/CO:	LIVONIA, MI 48150-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBIN A WALKER-LEE	
TITLE:	SECRETARY	
ADDRESS:	12001 TECH CENTER DRIVE	
CITY/ST/ZIP/CO:	LIVONIA, MI 48150-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PETER R RAPIN	
TITLE:	TREASURER	
ADDRESS:	12001 TECH CENTER DRIVE	
CITY/ST/ZIP/CO:	LIVONIA, MI 48150-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOUGLAS DELGROSSO	
TITLE:	VP & GEN'L MGR	
ADDRESS:	12001 TECH CENTER DRIVE	
CITY/ST/ZIP/CO:	LIVONIA, MI 48150-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KEN KAISER	
TITLE:	VP & GEN'L MGR	
ADDRESS:	12001 TECH CENTER DRIVE	
CITY/ST/ZIP/CO:	LIVONIA, MI 48150-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GERALD DEKKER	
TITLE:	VP, FINANCE	
ADDRESS:	12001 TECH CENTER DRIVE	
CITY/ST/ZIP/CO:	LIVONIA, MI 48150-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK JANKOWSKI	
TITLE:	SR DIR GLOB TAX	
ADDRESS:	12001 TECH CENTER DRIVE	
CITY/ST/ZIP/CO:	LIVONIA, MI 48150-	

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/ JEFFERY M COOPER	JEFFERY M COOPER, ASST	7/27/2010
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.