

1.) CORPORATION NAME:

FORD MOTOR SERVICE COMPANY

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1308404**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE AMERICAN RD
WHO 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:	LARRY C KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE AMERICAN ROAD		
CITY/ST/ZIP/CO:	DEARBORN, MI 48126		

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

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

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

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

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS RIETHMEIER DIRECTOR ONE AMERICAN ROAD DEARBORN, MI 48126	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN SCHAAF ASST TREASURER 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 TREASURER ONE AMERICAN ROAD DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARION HARRIS ASST TREASURER ONE AMERICAN ROAD 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 , PRINTED NAME AND CORPORATE TITLE	8/30/2012 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.			