

1.) CORPORATION NAME:

FORD MOTOR SERVICE COMPANY

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

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

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

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

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

NAME: MICHAEL LEARY TITLE: VICE PRESIDENT ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID WITTEN TITLE: SECRETARY ADDRESS: ONE AMERICAN RD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES MORITZ TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: DEARBORN, MI 48126	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MAE SMITHERMAN-SMITH TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROAD CITY/ST/ZIP/CO: 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 TREASURER PRINTED NAME AND CORPORATE TITLE	9/20/2013 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.		