

1.) CORPORATION NAME:

VALEO, INC.

DUE DATE: **2/28/2011**

SCC ID NO: **F1326505**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 STEPHENSON HWY

CITY/ST/ZIP: TROY, MI 48083-

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: FRANCOISE COLPRON
TITLE: PRESIDENT
ADDRESS: 150 STEPHENSON HIGHWAY
CITY/ST/ZIP/CO: TROY, MI 48083-

OFFICER

DIRECTOR

NAME: THOMAS F MILLER
TITLE: SECRETARY
ADDRESS: 150 STEPHENSON HWY
CITY/ST/ZIP/CO: TROY, MI 48083-

OFFICER

DIRECTOR

NAME: FRANCOISE COLPRON
TITLE: CHAIRMAN
ADDRESS: 150 STEPHENSON HWY
CITY/ST/ZIP/CO: TROY, MI 48083-

OFFICER

DIRECTOR

NAME: DAVID SLAMAN
TITLE: EXEC VP
ADDRESS: 150 STEPHENSON HIGHWAY
CITY/ST/ZIP/CO: TROY, MI 48083-

OFFICER

DIRECTOR

NAME: CYRIL BESSIERES
TITLE: DIRECTOR
ADDRESS: 150 STEPHENSON HWY
CITY/ST/ZIP/CO: TROY, MI 48083-

OFFICER

DIRECTOR

NAME: CYRIL BESSIERES TITLE: TREASURER ADDRESS: 150 STEPHENSON HIGHWAY CITY/ST/ZIP/CO: TROY, MI 48083-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

<u>/s/ THOMAS F MILLER</u>	<u>THOMAS F MILLER, SECRETARY</u>	<u>2/7/2011</u>
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.