

1.) CORPORATION NAME:

**AutoAlliance Management Company**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1491879**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE INTERNATIONAL DRIVE

CITY/ST/ZIP: FLAT ROCK, MI 48134

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: TIM YOUNG TITLE: PRESIDENT ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RODNEY HAYNES TITLE: CFO ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MITCH BROWN TITLE: DIRECTOR ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ATSUSHI YASUMOTO TITLE: DIRECTOR ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SVEN ROEHRIG TITLE: DIRECTOR ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TETSUYA FUJIMOTO TITLE: DIRECTOR ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SHEILA WEITHMAN TITLE: TREASURER ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DIALE TALIAFERRO TITLE: SECRETARY ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAN PAMPUCH TITLE: ASST SECRETARY ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KATHLEEN KOZLOWSKI TITLE: ASST SECRETARY ADDRESS: ONE INTERNATIONAL DRIVE CITY/ST/ZIP/CO: FLAT ROCK, MI 48134	<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/ RODNEY HAYNES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RODNEY HAYNES, CFO PRINTED NAME AND CORPORATE TITLE	10/16/2012 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.		