No. W 22554		Due no later than Feb 29, 2012 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CAB WEST LLC THERESE I FALETTI TAX DEPARTMENT, WHQ ROOM 612 ONE AMERICAN ROAD DEARBORN MI 48126 USA		BOISE ID 8 USA				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Register				
4. Limited Liability Compa	nies: Enter Nar	nes and Addres	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER MANAGER	SUSAN J THOMAS JANE CARNARVON SCOTT KROHN		ONE AMERICAN ROAD ONE AMERICAN ROAD ONE AMERICAN ROAD	DEARBORN DEARBORN DEARBORN	MI MI MI	USA USA USA	48216 48126 48216	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Muthu Kumar		Date: 02	Date: 02/15/2012			
W 22554		Name (type or print): Muthu Kumar		Title: Li	Title: Licensing Specialist			
Processed 02/15/2012 * Electronically provided signatures are accepted as original signatures.								