

No. W 22554		Due no later than Feb 28, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	FRANK B BILLOTTA	ONE AMERICAN RD	DEARBORN	MI	USA	48126	
MANAGER	BERNARD ANGELO	ONE AMERICAN RD	DEARBORN	MI	USA	48126	
MANAGER	SAMUEL SMITH	ONE AMERICAN RD	DEARBORN	MI	USA	48126	
MANAGER	SUSAN J THOMAS	ONE AMERICAN RD	DEARBORN	MI	USA	48216	
MANAGER	JANE CARNARVON	ONE AMERICAN ROAD	DEARBORN	MI	USA	48126-2701	
5. Organized Under the Laws of: ID W 22554		6. Annual Report must be signed.* Signature: Ruth Rachel Name (type or print): Ruth Rachel					
		Date: 02/17/2014 Title: Licensing Specialist					
Processed 02/17/2014		* Electronically provided signatures are accepted as original signatures.					