

No. <b>W 22554</b>	<b>Due no later than Feb 28, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
	CAB WEST LLC THERESE I FALETTI TAX DEPARTMENT, WHQ ROOM 612 ONE AMERICAN ROAD DEARBORN MI 48126 USA		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 BILOTTA	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:  <b>ID W 22554</b>		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.				