State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
144785	ZF Marine, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	MARINE SALES AND SERVICE

5. Principal office address	City	State	Zip
15811 Centennial Drive	Northville	MI	48168

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Allan B. Currie	Chief Tax Officer

Street Address	City	State	Zip
15811 Centennial Drive	Northville	MI	48168

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Roland Heil	15811 Centennial Drive	Northville	MI	48168
Eberhard Mugler	15811 Centennial Drive	Northville	MI	48168
Wolfgang Schmid	15811 Centennial Drive	Northville	MI	48168
Robert Boyd	15811 Centennial Drive	Northville	MI	48168

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Allan B Currie 09/25/07
Signature of Authorized Person *Date*

[redacted] Allan B. Currie
Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY	
File Date	FILED
Check No.	OCT 19 2007
By:	By 24650

Form 632 Rev. 07/07