



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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 121780		2. Exact name of the limited liability company MSX International Platform Services, LLC			
3. State of Formation Michigan		4. Brief description of the character of the business which is actually conducted in Rhode Island Provider of Technology Driven Services			
5. Principal office address 1950 Concept Drive		City Warren	State MI	Zip 48091	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lynne Fetters		Contact Title Accounting Supervisor			
Street Address 1950 Concept Drive		City Warren	State MI	Zip 48091	
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) <input type="checkbox"/>					
Manager Name Frederick K. Minturn		Manager Name R. Michael Muraske			
Street Address 1950 Concept Dr.		Street Address 1950 Concept Dr.			
City Warren	State MI	Zip 48091	City Warren	State MI	Zip 48091
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

121780

File Date	8-30-2010
Check No.	703520
By:	<i>MNC</i>
FOR SECRETARY OF STATE USE ONLY	

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.

R. Michael Muraske 8/26/2010
Signature of Authorized Person Date
R. Michael Muraske
Print or Type Name of Authorized Person