

**2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F12000004665

**Entity Name:** CONTINENTAL AUTOMOTIVE SYSTEMS, INC.

**Current Principal Place of Business:**

ONE CONTINENTAL DR  
AUBURN HILLS, MI 48236

**Current Mailing Address:**

1830 MACMILLAN PARK DR  
FT MILL, SC 29707

**FEI Number: 38-3388409**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEE, ROBERT  
Address        ONE CONTINENTAL DR  
City-State-Zip: AUBURN HILLS MI 48326

Title            VPT  
Name            ROGERS, TIMOTHY P  
Address        1830 MACMILLAN PARK DR  
City-State-Zip: FT MILL SC 29707

Title            S  
Name            JURCH, GEORGE R  
Address        1830 MACMILLAN PARK DR  
City-State-Zip: FT MILL SC 29707

Title            ASSISTANT TREASURER  
Name            FRANKS, BERT  
Address        1830 MACMILLAN PARK DRIVE  
City-State-Zip: FORT MILL SC 29707

Title            CEO  
Name            SALMON, SAMIR  
Address        ONE CONTINENTAL DR  
City-State-Zip: AUBURN HILLS MI 48236

Title            CFO  
Name            MARTIN, ANDREW  
Address        ONE CONTINENTAL DR  
City-State-Zip: AUBURN HILLS MI 48236

Title            SVP  
Name            LEDSINGER, RICK  
Address        1830 MACMILLAN PARK DR  
City-State-Zip: FT MILL SC 29707

Title            SVP  
Name            BEUTLER, SCOTT  
Address        ONE CONTINENTAL DR  
City-State-Zip: AUBURN HILLS MI 48236

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BERT FRANKS**

**ASST. TREASURER**

**03/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name MASTRANGELO, VINCE  
Address ONE CONTINENTAL DR  
City-State-Zip: AUBURN HILLS MI 48236

Title VP  
Name TOGNETTI, DAMON  
Address ONE CONTINENTAL DR  
City-State-Zip: AUBURN HILLS MI 48236

Title ASST. TREASURER  
Name GARBER, W. SCOTT  
Address 1830 MACMILLAN PARK DR  
City-State-Zip: FT MILL SC 29707

Title ASST. SECRETARY  
Name VALLIERES, MARY  
Address 1830 MACMILLAN PARK DR  
City-State-Zip: FT MILL SC 29707

Title VP  
Name CARZON, BILL  
Address ONE CONTINENTAL DR  
City-State-Zip: AUBURN HILLS MI 48236

Title VP  
Name ZOUBI, IRSHAID  
Address ONE CONTINENTAL DR  
City-State-Zip: AUBURN HILLS MI 48236

Title ASST. TREASURER  
Name BROWN, ANGELA  
Address 1830 MACMILLAN PARK DR  
City-State-Zip: FT MILL SC 29707