

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90005 024 \*\*\*150.00

000112001

**DOCUMENT # F96000001558**

1. Entity Name

**MODINE AFTERMARKET HOLDINGS, INC.**

Principal Place of Business

**646-A MICHAEL WYLIE DRIVE  
 CHARLOTTE NC 28217**

Mailing Address

**1500 DEKOVEN AVE.  
 RACINE WI 53403**

2. Principal Place of Business

**4123-B Barringer Drive**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Charlotte, NC**

City & State

4. FEI Number

**56-1963377**

Applied For

Not Applicable

Zip

**28217-1551**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

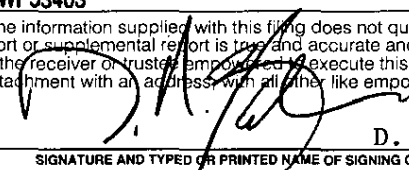
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	JOHNSON, D. R.	
STREET ADDRESS	1500 DEKOVEN AVE	
CITY-ST-ZIP	RACINE WI 53403	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, M G	
STREET ADDRESS	1500 DEKOVEN AVE	
CITY-ST-ZIP	RACINE WI 53403	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, D R	
STREET ADDRESS	1500 DEKOVEN AVE	
CITY-ST-ZIP	RACINE WI 53403	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PAVLICK, W E	
STREET ADDRESS	1500 DEKOVEN AVE	
CITY-ST-ZIP	RACINE WI 53403	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	REID, A. D.	
STREET ADDRESS	1500 DEKOVEN AVE	
CITY-ST-ZIP	RACINE WI 53403	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	REID, A D	
STREET ADDRESS	1500 DEKOVEN AVE	
CITY-ST-ZIP	RACINE WI 53403	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, D R	
STREET ADDRESS	1500 DEKOVEN AVENUE	
CITY-ST-ZIP	RACINE, WI 53403	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENKER, M A	
STREET ADDRESS	1500 DEKOVEN AVENUE	
CITY-ST-ZIP	RACINE, WI 53403	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYBURN, D B	
STREET ADDRESS	1500 DEKOVEN AVENUE	
CITY-ST-ZIP	RACINE, WI 53403	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, E T	
STREET ADDRESS	1500 DEKOVEN AVENUE	
CITY-ST-ZIP	RACINE, WI 53403	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBLE, D J	
STREET ADDRESS	1500 DEKOVEN AVENUE	
CITY-ST-ZIP	RACINE, WI 53403	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**



**D. R. Zakos, Secretary**

**2/09/01**

**262/636-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)