**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 27, 2002 8:00 am Secretary of State DOCUMENT # F97000001789 1. Entity Name 02-27-2002 90038 018 \*\*\*150.00 STANDARD MOTOR PRODUCTS, INC. Principal Place of Business Mailing Address 37-18 NORTHERN BLVD. 37-18 NORTHERN BLVD. B0034183 LONG ISLAND CITY NY 11101 LONG ISLAND CITY NY 11101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 11-1362020 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GAULT, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 170 SUNPORT LANE ORLANDO FL 32809 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MARTIN, ROBERT NAME STREET ADDRESS 9 NASH ROAD STREET ADDRESS CITY-ST-ZIP **GOLDEN BRIDGE NY 10526** CITY-ST-ZIP President & coo **Addition** Change **X** Delete TITLE TITLE John Gethin NAME NAME SWARTZ, ROBERT J 5217 southern Hills STREET ADDRESS 1500 PALISADE AVE #27E STREET ADDRESS CITY-ST-ZIP Frisco,TX 75034 CITY-ST-ZIP FORT LEE NJ 07024 ☐ Change ☐ Addition TITLE ☐ Delete TITI F DCEO NAME NAME SILLS, LAWRENCE I STREET ADDRESS STREET ADDRESS 534 - 1ST ST. CITY-ST-ZIP CITY-ST-ZIP **BROOKLYN NY 11215** ☐ Addition Change ☐ Delete TITLE TITLE NAME DAVIS, ARTHUR D NAME STREET ADDRESS STREET ADDRESS 9705 OLD CLUB TRACE CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23233 Change ☐ Addition ☐ Delete TITLE TITLE BURKE, JAMES J NAME STREET ADDRESS STREET ADDRESS 7 HOLLY DRIVE CITY-ST-ZIP CITY-ST-ZIP SYOSSET NY 11791 ☐ Change ☐ Addition ☐ Delete **VPS** TITLE KAY, SANFORD NAME NAME STREET ADDRESS 21 DEERWOOD RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESLEY HILLS NY 10977

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:

Robert Martin 1-28-02