


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000001789 1. Entity Name STANDARD MOTOR PRODUCTS, INC.	
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Principal Place of Business 37-18 NORTHERN BLVD. LONG ISLAND CITY, NY 11101	Mailing Address 37-18 NORTHERN BLVD. LONG ISLAND CITY, NY 11101
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DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-1362020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAULT, ROBERT 170 SUNPORT LANE ORLANDO, FL 32809	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, ROBERT 9 NASH ROAD GOLDEN BRIDGE, NY 10526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO GETHIN, JOHN 5217 SOUTHERN HILLS FRISCO, TX 75034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SILLS, LAWRENCE I 534 - 1ST ST. BROOKLYN, NY 11215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ARTHUR D 9705 OLD CLUB TRACE RICHMOND, VA 23233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BURKE, JAMES J 7 HOLLY DRIVE SYOSSET, NY 11791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KAY, SANFORD 21 DEERWOOD RD. WESLEY HILLS, NY 10977

000000023481
02/02/04-80027-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	ROBERT MARTIN	1-21-04	(718) 316-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #