


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90045 047 \*\*\*150.00

<b>DOCUMENT # F97000001789</b> 1. Entity Name <b>STANDARD MOTOR PRODUCTS, INC.</b>					
Principal Place of Business <b>37-18 NORTHERN BLVD. LONG ISLAND CITY, NY 11101</b>			Mailing Address <b>37-18 NORTHERN BLVD. LONG ISLAND CITY, NY 11101</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>11-1362020</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GAULT, ROBERT 170 SUNPORT LANE ORLANDO, FL 32809</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, ROBERT 9 NASH ROAD GOLDEN BRIDGE, NY 10526		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO GETHIN, JOHN 5217 SOUTHERN HILLS FRISCO, TX 75034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SILLS, LAWRENCE I 534 - 1ST ST. BROOKLYN, NY 11215		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	DIRECTOR SILLS, ARTHUR 37-18 NORTHERN BOULEVARD LONG ISLAND CITY, NY 11101	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BURKE, JAMES J 7 HOLLY DRIVE SYOSSET, NY 11791		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KAY, SANFORD 21 DEERWOOD RD. WESLEY HILLS, NY 10977		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BROCCOLE, CARMINA 37-18 NORTHERN BOULEVARD LONG ISLAND CITY, NY 11101	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert Martin</u> <b>ROBERT MARTIN</b> <u>5-10-06</u> <u>(718)316-4551</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					