2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

FILED

00 APR -3 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003982

1. Entity Name

KELSEY-HAYES COMPANY

Principal Place of Business	Mailing Address
12025 TECH CENTER DRIVE LIVONIA MI 48150	12025 TECH CENTER DRIVE LIVONIA MI 48150-2122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3369789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PLANT, JOHN 12025 TECH CENTER DRIVE LIVONIA MI 48150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCDONALD, BRUCE 12025 TECH CENTER DRIVE LIVONIA MI 48150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MCCUEN, JOHN F 12025 TECH CENTER DRIVE LIVONIA MI	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD David L. Bialosky 12025 Tech Center Drive Livonia, MI 48150	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SKESAVAGE, MARK 672 DELAWARE AVE BUFFALO NY 14209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Ronald P. Vargo 1900 Richmond Road Cleveland, OH 44124	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SMITH, CLIFFORD L 12025 TECH CENTER DRIVE LIVONIA MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700003192927--9	☐ Change ☐ Addition KE

CR2E034 (9/99)

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: Sig Clifford Smith 3/24/00 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 647075 5048268

AUTHORIZATION :

COST LIMIT : $ 150.00 Patricia Pizzitola

ORDER DATE : March 31, 2000

ORDER TIME : 9:34 AM

ORDER NO. : 647075-010

CUSTOMER NO: 5048268

CUSTOMER: Ms. Heidi. Johnson
Trw Automotive
12025 Tech Center Drive

Livonia, MI 48150

ANNUAL REPORT FILING

NAME: KELSEY-HAYES COMPANY

RECEIVED
00 APR -3 AM 10:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Judith Morgan~~ Janna Wilson KE

EXAMINER'S INITIALS: _____