FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12919** **(7)**

1. Corporation Name
UNITED BRAKE SYSTEMS INC.

Principal Place of Business	Mailing Address
100 DOUBLE BEACH ROAD BRANFORD CT 06405	100 DOUBLE BEACH ROAD BRANFORD CT 06405

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1987
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 06-1188455 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P	☒ Change ☐ Addition
NAME	SEUFERT, RONALD	12 NAME		
STREET ADDRESS	2702 NORTH STATE ST	13 STREET ADDRESS	10930 N. Pomona Avenue	
CITY-ST-ZIP	IOLA, KA	14 CITY-ST-ZIP	Kansas City, MO 64153	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	LECKERLING, JON P	22 NAME		
STREET ADDRESS	100 DOUBLE BEACH ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD CT	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	WISOT, RICHARD A.	32 NAME		
STREET ADDRESS	100 DOULBE BEACH ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD CT	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	V/T	☒ Change ☐ Addition
NAME	ONORATO, JOSEPH A.	42 NAME		
STREET ADDRESS	100 DOUBLE BEACH ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD CT	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, CHARLES W.	52 NAME		
STREET ADDRESS	100 DOUBLE BEACH ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD CT	54 CITY-ST-ZIP		
TITLE	T	61 TITLE	AT	☒ Change ☐ Addition
NAME	SHALAGAN, EDWARD C.	62 NAME		
STREET ADDRESS	100 DOUBLE BRACH ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD CT	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph A. Onorato 4/5/95 (203) 481-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P94118 FF