## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 805142** 

Title:

Name:

Address:

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

Entity Nai	me: FEDERA	L-MOGUL CORPORATION				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	RTHWESTER ELD, MI 48034					
Current Mailing Address:			New Maili	New Mailing Address:		
ATTN: TAX DEPARTMENT P.O. BOX 1966 DETROIT, MI 48235			ATTN: TAX DEPARTMENT P.O. BOX 786 SOUTHFIELD, MI 48037			
FEI Number:	: 38-0533580	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certificate of Status Desired	( )	
Name and	Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:		
TALLAHAS  The above in the State	S STREET SSEE, FL 323 named entity se of Florida.		ourpose of changing i	ts registered office or registered agent, or	r both,	
SIGNATU						
	Electror	ic Signature of Registered Age	ent	Date		
Election Car	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FANNON, JOHN 15 FALKIRK LA		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V ( ) GRANT, CHARI 30845 OAKLEA FRANKLIN, MI	F	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SHERBIN, DAV 4181 SOUTHM		Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition LIS, LANCE 4505 TANBARK BLOOMFIELD HILLS, MI 48302 US		
Title: Name: Address: City-St-Zip:	VCT ( ) ROZYCKI, ROE 5117 CARDINA TROY, MI 480	L DR.	Title: Name: Address: City-St-Zip:	VCTO (X) Change ( ) Addition ROZYCKI, ROBERT C 5117 CARDINAL DR. TROY, MI 48098		
Title: Name: Address: City-St-Zip:	D ( ) POPE, JOHN C 810 SOUTH RII LAKE FOREST	DGE ROAD	Title: Name: Address: City-St-Zin:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

PCEO

ALAPONT, JOSE M

26555 NORTHWESTERN HWY

SOUTHFIELD, MI 48034 US

(X) Change ( ) Addition

SIGNATURE: ROBERT C. ROZYCKI **VCTO** 04/27/2005

( ) Delete

BLOOMFIELD HILLS, MI 48304 US

MCCLURE, CHARLES G

55 CABOT PLACE