

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90651 043 ***150.00

FORM 17

DOCUMENT # 805142

1. Entity Name
FEDERAL-MOGUL CORPORATION



Principal Place of Business
**26555 NORTHWESTERN HIGHWAY
SOUTHFIELD MI 48034**

Mailing Address
**ATTN: TAX DEPARTMENT
P.O. BOX 1966
DETROIT MI 48235**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT RD.
3853 W.W. KELLY RD.
TALLAHASSEE FL 32311**

4. FEI Number **38-0533580**

Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	FANNON, JOHN J
STREET ADDRESS	15 FALKIRK LANE
CITY-ST-ZIP	HILLSBOROUGH CA 94010
TITLE	V <input type="checkbox"/> Delete
NAME	GRANT, CHARLES BRUCE
STREET ADDRESS	30845 OAKLEAF
CITY-ST-ZIP	FRANKLIN MI
TITLE	V <input type="checkbox"/> Delete
NAME	ZAMOYSKI, J J
STREET ADDRESS	28836 GLENBROOK
CITY-ST-ZIP	FARMINGTON HILLS MI
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HILLS, RODERICK M
STREET ADDRESS	3125 CHAIN BRIDGE RD NW
CITY-ST-ZIP	WASHINGTON DC 20016
TITLE	D <input type="checkbox"/> Delete
NAME	MACHER, FRANK E
STREET ADDRESS	2525 COUNTRY CLUB ROAD
CITY-ST-ZIP	ANN ARBOR MI 48105
TITLE	D <input type="checkbox"/> Delete
NAME	MCCLURE, CHARLES G
STREET ADDRESS	55 CABOT PLACE
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/CTO
STREET ADDRESS	Robert C. Rozycki
CITY-ST-ZIP	5117 Cardinal Dr. Troy, MI 48098
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **Robert C. Rozycki** Vice President and Chief Tax Officer **04.10.03** (248) 354-9825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)