

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91177 024 ***150.00

DOCUMENT # 830246

1. Entity Name

ARVIN FINANCE CORPORATION

Principal Place of Business

**ONE NOBLITT PLAZA BOX 3000
 COLUMBUS IN 47202-000
 US**

Mailing Address

**ONE NOBLITT PLAZA BOX 3000
 COLUMBUS IN 47202-000
 US**

2. Principal Place of Business

3. Mailing Address

2135 W Maple Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Troy MI

Zip

Country

Zip

Country

48084

US

6. Name and Address of Current Registered Agent

4. FEI Number **35-1281585**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT) 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, 2001 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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KUZMA, GREGORY P	
STREET ADDRESS	2000 CHARWOOD DR	
CITY-ST-ZIP	COLUMBUS IN 47201	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RICHARD A.	
STREET ADDRESS	4442 MALLARD POINT	
CITY-ST-ZIP	COLUMBUS, IN 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, WILLIAM M	
STREET ADDRESS	4843 TIMBER RIDGE	
CITY-ST-ZIP	COLUMBUS IN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GIFFORD, PAGE E	
STREET ADDRESS	737 LAFAYETTE ST	
CITY-ST-ZIP	COLUMBUS IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres + Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERNON G. BAKER, II	
STREET ADDRESS	2135 W. MAPLE RD.	
CITY-ST-ZIP	TROY, MI 48084	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID L. KENNEDY	
STREET ADDRESS	2135 W. MAPLE RD.	
CITY-ST-ZIP	TROY, MI 48084	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2135 W. MAPLE RD	
STREET ADDRESS	TROY, MI 48084	
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK VOLTOLINA	
STREET ADDRESS	2135 W. MAPLE RD.	
CITY-ST-ZIP	TROY, MI 48084	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN CRABLE	
STREET ADDRESS	2135 W. MAPLE RD.	
CITY-ST-ZIP	TROY, MI 48084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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:

David L. Kennedy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

248-435-1193

CR2E034 (10/00)