

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90131 045 \*\*\*150.00

**DOCUMENT # 855172**

1. Entity Name

**DANA-RACINE CORPORATION**

Principal Place of Business

Mailing Address

**4500 DORR STREET  
 TOLEDO OH 43615**

**P.O. BOX 1000  
 TOLEDO OH 43697**

**60066220**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-4361040**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete  
 NAME **MAGLIOCHETTI, JOSEPH M**  
 STREET ADDRESS **3846 SULPHUR SPRINGS ROAD**  
 CITY-ST-ZIP **TOLEDO OH 43606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPT** ☐ Delete  
 NAME **PATON, GLEN A**  
 STREET ADDRESS **4500 DORR STREET**  
 CITY-ST-ZIP **TOLEDO OH 43615**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VS** ☐ Delete  
 NAME **STROBEL, M. J.**  
 STREET ADDRESS **4849 COREY RD**  
 CITY-ST-ZIP **TOLEDO OH**

TITLE **VICE PRESIDENT / SECRETARY** ☒ Change ☐ Addition  
 NAME **MICHAEL L. DEBACKER**  
 STREET ADDRESS **4500 DORR STREET**  
 CITY-ST-ZIP **TOLEDO, OH. 43615**

TITLE **D** ☐ Delete  
 NAME **BAILAR, B. F.**  
 STREET ADDRESS **410 EAST WALNUT RD.**  
 CITY-ST-ZIP **LAKE FOREST IL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AT** ☐ Delete  
 NAME **CHARLES W. HINDE**  
 STREET ADDRESS **2909 SPRINGWATER DRIVE**  
 CITY-ST-ZIP **TOLEDO OH**

TITLE **ASSISTANT TREASURER** ☒ Change ☐ Addition  
 NAME **CHRISTOPHER J. CZARKA**  
 STREET ADDRESS **4500 DORR ST.**  
 CITY-ST-ZIP **TOLEDO, OH. 43615**

TITLE **AS** ☐ Delete  
 NAME **GRIFFIN, S.A.**  
 STREET ADDRESS **5664 BERNATH CT**  
 CITY-ST-ZIP **TOLEDO OH**

TITLE **ASSISTANT SECRETARY** ☒ Change ☐ Addition  
 NAME **JEAN M. HARDMAN**  
 STREET ADDRESS **4500 DORR ST.**  
 CITY-ST-ZIP **TOLEDO, OH. 43615**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (10/00)