

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 855172

FILED
Apr 29, 2003
Secretary of State

Entity Name: DANA-RACINE CORPORATION

Current Principal Place of Business:

4500 DORR STREET
TOLEDO, OH 43615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1000
TOLEDO, OH 43697

New Mailing Address:

FEI Number: 34-4361040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MAGLIOCHETTI, JOSEPH M
Address: 3846 SULPHUR SPRINGS ROAD
City-St-Zip: TOLEDO, OH 43606

Title: VPT () Delete
Name: PATON, GLEN A
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615

Title: VPS () Delete
Name: DEBACKER, MICHAEL L
Address: 4500 DORR ST
City-St-Zip: TOLEDO, OH 43615

Title: D () Delete
Name: BAILAR, B. F.,
Address: RICE UNIVERSITY P.O. BOX 1892
City-St-Zip: HOUSTON, TX 77251

Title: AT () Delete
Name: CZARKA, CHRISTOPHER J
Address: 4500 DORR ST
City-St-Zip: TOLEDO, OH 43615

Title: AS () Delete
Name: HARDMAN, JEAN M
Address: 4500 DORR ST.
City-St-Zip: TOLEDO, OH 43615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHRISTOPHER J. CZARKA

AT

04/29/2003

Electronic Signature of Signing Officer or Director

Date