

CT CORPORATION SYSTEM

FOI0000001536

CORPORATION(S) NAME

Toledo Trans-Kit, Inc.

000003892390

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-03/22/01--01011--030

*****70.00 *****70.00

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01 MAR 22 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/22/01

Order#: 3870021

Ref#: _____

Amount: \$ _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Toledo Trans-Kit, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Ohio 3. 34-1779220
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 19, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6155 Brent Drive, Toledo, OH 43611
same as above
(Current mailing address)
8. manufacture and sales of transmission and clutch related products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas D. Rooney

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

(Typed or printed name and capacity of person signing application)

**Attachment for Florida Qualification for
Toledo Trans-Kit, Inc.**

A. Directors

Arthur R. Cross, 700 Terrace Point Drive, Muskegon, MI 49443
Christopher J. Kearney, 700 Terrace Point Drive, Muskegon, MI 49443
Patrick J. O'Leary, 700 Terrace Point Drive, Muskegon, MI 49443
Thomas P. Rooney, 875 Seegers Road, Des Plaines, IL 60016

B. Officers

Thomas P. Rooney, Chairman
875 Seegers Road, Des Plaines, IL 60016

William Rantozz, Vice President
1235 Expressway Drive, North, Toledo, OH 43608

Christopher J. Kearney, Secretary
700 Terrace Point Drive, Muskegon, MI 49443

Arthur R. Cross, Treasurer
700 Terrace Point Drive, Muskegon, MI 49443

Paul Hill, CFO and Vice President
700 Terrace Point Drive, Muskegon, MI 49443

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TALLAHASSEE, FLORIDA

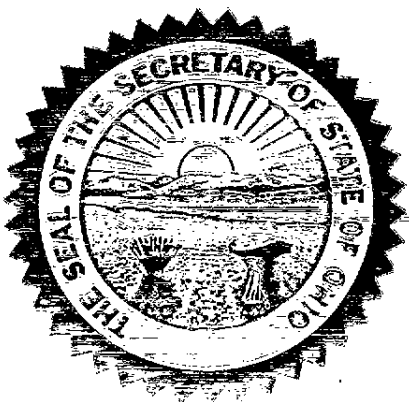
UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show TOLEDO TRANS-KIT, INC., an Ohio corporation, Charter No. 879050, having its principal location in Toledo, County of Lucas, was incorporated on August 19, 1994 and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and official seal at
Columbus, Ohio on
March 21, 2001



J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State