

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004919

FILED
Jan 05, 2005
Secretary of State

Entity Name: TELEFLEX AUTOMOTIVE INCORPORATED

Current Principal Place of Business:

2420 TRAILMATE DRIVE
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

155 SOUTH LIMERICK ROAD
LIMERICK, PA 19468

New Mailing Address:

FEI Number: 81-0633152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DVPS (X) Delete
Name: CHANCE, STEVEN
Address: 155 S. LIMERICK ROAD
City-St-Zip: LIMERICK, PA 19468

Title: DP (X) Delete
Name: IWASIUK, OREST
Address: 155 S. LIMERICK ROAD
City-St-Zip: LIMERICK, PA 19468

Title: D () Delete
Name: BLACK, JEFFREY P
Address: 155 S. LIMERICK ROAD
City-St-Zip: LIMERICK, PA 19468

Title: T () Delete
Name: JACOBS, C. JEFFREY
Address: 155 S. LIMERICK ROAD
City-St-Zip: LIMERICK, PA 19468

Title: AS () Delete
Name: SCHWARTZ, JOAN W
Address: 155 S. LIMERICK ROAD
City-St-Zip: LIMERICK, PA 19468

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
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHWARTZ, JOAN W
Address: 155 S. LIMERICK ROAD
City-St-Zip: LIMERICK, PA 19468

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: JOAN W. SCHWARTZ

SECR

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date