

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006699

FILED
Feb 20, 2006
Secretary of State

Entity Name: AFFINIA PRODUCTS CORP.

Current Principal Place of Business:

1209 ORANGE ST.
WILMINGTON, DE 18901

New Principal Place of Business:

1101 TECHNOLOGY DR
SUITE 100
ANN ARBOR, MI 48108

Current Mailing Address:

5500 S. HATTIE AVE
OKLAHOMA CITY, OK 73129

New Mailing Address:

1101 TECHNOLOGY DR
SUITE 100
ANN ARBOR, MI 48108

FEI Number: 20-1483414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: D () Delete
Name: MADDEN, THOMAS
Address: 1101 TECHNOLOGY DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: P () Delete
Name: MCCORMACK, TERRY
Address: 1101 TECHNOLOGY DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: VP () Delete
Name: CARR, JOHN
Address: 1101 TECHNOLOGY DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: T () Delete
Name: KACZYNSKI, THOMAS
Address: 1101 TECHNOLOGY DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: S () Delete
Name: KELLER, STEVEN
Address: 1101 TECHNOLOGY DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

Title: AS () Delete
Name: STEWART, SUSAN
Address: 1101 TECHNOLOGY DRIVE SUITE 100
City-St-Zip: ANN ARBOR, MI 48108

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: () 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 Chapter 119, 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: JOHN CARR/MGH

VP

02/20/2006

Electronic Signature of Signing Officer or Director

Date