


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001728 (5)
 1. Corporation Name
TECUMSEH PRODUCTS COMPANY



Principal Place of Business 100 E. PATTERSON ST. TECUMSEH MI 49286	Mailing Address 100 E. PATTERSON ST. TECUMSEH MI 49286
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/02/1993	
4. FEI Number 38-1093240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HERRICK, K G	
STREET ADDRESS	100 E. PATTERSON ST.	
CITY-ST-ZIP	TECUMSEH MI 49286	
TITLE	PCED	<input type="checkbox"/> DELETE
NAME	HERRICK, T W	
STREET ADDRESS	100 E. PATTERSON ST.	
CITY-ST-ZIP	TECUMSEH MI 49286	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	FOSS, J H	
STREET ADDRESS	100 E. PATTERSON ST.	
CITY-ST-ZIP	TECUMSEH MI 49286	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDONALD, D P	
STREET ADDRESS	100 E. PATTERSON ST.	
CITY-ST-ZIP	TECUMSEH MI 49286	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HANS, H L	
STREET ADDRESS	100 E. PATTERSON ST.	
CITY-ST-ZIP	TECUMSEH MI 49286	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STUBBS, W G	
STREET ADDRESS	100 E. PATTERSON ST.	
CITY-ST-ZIP	TECUMSEH MI 49286	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Group Vice President
5.3 STREET ADDRESS	Martinco, J.E.
5.4 CITY-ST-ZIP	100 E. Patterson St. Tecumseh, MI 49286
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David P. McDonald*

4/28/98

CR2E034 (10/97)