FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005919 (6)**

1. Corporation Name
A P MERITOR, INC.

Principal Place of Business	Mailing Address
C/O LEGAL AFFAIRS, MELLON BANK CENTER 1735 MARKET STREET, 8TH FLOOR PHILADELPHIA PA 19103	C/O LEGAL AFFAIRS, MELLON BANK CENTER 1735 MARKET STREET, 8TH FLOOR PHILADELPHIA PA 19103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/29/1993	3a. Date of Last Report: 09/26/1994
4. FEI Number: 41-1559212	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	800001466228 -04/27/95--01029--011 ****200.00 ****200.00
84 City	FL 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	HOLL, RICHARD L	12 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	13 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MCARTOR, MICHAEL M	22 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	23 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	PARKINSON, ROBERT M	32 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	33 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BRANDSTATTER, JOHN F	42 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	43 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☒ Addition
NAME	KOZEKA, JOHN C	52 NAME	V Steinman, David W.
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	53 STREET ADDRESS	One Mellon Bank Center
CITY-ST-ZIP	PITTSBURGH PA 15258	54 CITY-ST-ZIP	Pittsburgh, PA 15258
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	COBBS, COSTON M	62 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	63 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	64 CITY-ST-ZIP	4/20/95 MT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Mark P. Jarvins 4/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0397185 FP