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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000005919 (5)

1. Corporation Name  
A P MERITOR, INC.

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

Mailing Address  
C/O LEGAL AFFAIRS, MELLON BANK CENTER  
1735 MARKET STREET, 8TH FLOOR  
PHILADELPHIA PA 19103-7501



3. Date Incorporated or Qualified 12/29/1993  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 41-1559212		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLL, RICHARD L	1.2 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	1.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTOR, MICHAEL M	2.2 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	2.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	AT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANSINGER, MARK P.	3.2 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER, RM 772	3.3 STREET ADDRESS	500 Grant Street, 772 One Mellon Bank Cen
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDSTATTER, JOHN F	4.2 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	4.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZEKA, JOHN C	5.2 NAME	
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	5.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBBS, COSTON M	6.2 NAME	Joyce, Dennis M.
STREET ADDRESS	500 GRANT STREET, 4850 ONE MELLON BNK CNTR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15258	6.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: *Mark P. Lansinger* Mark P. Lansinger 4/22/97 412-234-6083  
DATE: 4/22/97 DAYTIME PHONE: 412-234-6083

CR2E034 (9/96)