

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 004 ***150.00

DOCUMENT # F93000005919

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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 ☐ DELETE

NAME WHITE, SHERMAN L.
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURG PA 15258

TITLE V ☒ DELETE

NAME MCARTOR, MICHAEL M
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURG PA 15258

TITLE AT ☐ DELETE

NAME LANSINGER, MARK P.
STREET ADDRESS 772 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURG PA 15258

TITLE V ☐ DELETE

NAME BRANDSTATTER, JOHN F
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURG PA 15258

TITLE V ☒ DELETE

NAME KOZEKA, JOHN C
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURG PA 15258

TITLE V ☐ DELETE

NAME JOYCE, DENNIS M
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURG PA 15258

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(b)(1), 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark P. Lansinger 412-234-608

CR2E034 (11/98)