

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005919

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-1559212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME WHITE, SHERMAN L.
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURGH PA 15258-0001

TITLE ☒ Change ☐ Addition
NAME 1535 One Mellon Center
STREET ADDRESS Pittsburgh, PA 15258-0001
CITY-ST-ZIP

TITLE V ☒ Delete
NAME PARNELL, VICKI K
STREET ADDRESS 5325 ONE MELLON BANK CTR
CITY-ST-ZIP PITTSBURGH PA 15258-0001

TITLE VP ☐ Change ☒ Addition
NAME Albert D. Larimer
STREET ADDRESS 4502 One Mellon Center
CITY-ST-ZIP Pittsburgh, PA 15258-0001

TITLE AT ☐ Delete
NAME SCIOLLO, JOANNE E
STREET ADDRESS 772 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURGH PA 15258-0001

TITLE AT ☒ Change ☐ Addition
NAME Sciollo, Joanne E.
STREET ADDRESS 772 One Mellon Center
CITY-ST-ZIP Pittsburgh, PA 15258-0001

TITLE V ☒ Delete
NAME BRANDSTATTER, JOHN F
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURGH PA 15258-0001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME POPKO, KENNETH H
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURGH PA 15258-0001

TITLE V ☐ Change ☒ Addition
NAME Don A. Langford
STREET ADDRESS 1535 One Mellon Center
CITY-ST-ZIP Pittsburgh, PA 15258-0001

TITLE V ☐ Delete
NAME JOYCE, DENNIS M
STREET ADDRESS 1535 ONE MELLON BANK CENTER
CITY-ST-ZIP PITTSBURGH PA 15258-0001

TITLE ☒ Change ☐ Addition
NAME 1535 One Mellon Center
STREET ADDRESS Pittsburgh, PA 15258-0001
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Joanne E. Sciollo JE Sciollo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01 412-234-1334

Date Daytime Phone #

CR2E034 (10/00)

0594645