

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90030 025 ***150.00

DOCUMENT # F93000005919

1. Entity Name

A P MERITOR, INC.



Principal Place of Business

ONE MELLON CENTER
RM 772
PITTSBURGH PA 15258
US

Mailing Address

ONE MELLON CENTER
RM 772
PITTSBURGH PA 15258
US

02110111



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1559212

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PCD | <input checked="" type="checkbox"/> Delete |
| NAME | O. DAVID, THOMPSON | |
| STREET ADDRESS | ONE MELLON CENTER, RM 772 | |
| CITY-ST-ZIP | PITTSBURGH PA 15258-0001 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LARIMER, ALBERT N | |
| STREET ADDRESS | 5325 ONE MELLON CENTER | |
| CITY-ST-ZIP | PITTSBURGH PA 15258-0001 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | JOANNE, HUBER S | |
| STREET ADDRESS | ONE MELLON CENTER, RM 772 | |
| CITY-ST-ZIP | PITTSBURGH PA 15258-0001 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | JOYCE, DENNIS S | |
| STREET ADDRESS | ONE MELLON CENTER, RM 772 | |
| CITY-ST-ZIP | PITTSBURGH PA 15258-0001 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | PCD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Christopher Shannon | |
| STREET ADDRESS | One Mellon Center, Room 965 | |
| CITY-ST-ZIP | Pittsburgh, PA 15258-0001 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | One Mellon Center, Room 410 | |
| STREET ADDRESS | Pittsburgh, PA 15258-0001 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Joanne S. Huber | |
| STREET ADDRESS | Pittsburgh, PA 15258-0001 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dennis M. Joyce | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanne S. Huber, AT* *2/3/04* *412-234-1334*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #