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 11 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002946 (1)**

1. Corporation Name
WAWD-EAP AUTOMOTIVE PRODUCTS, INC.

Principal Place of Business	Mailing Address
1020 SPACE PARK SOUTH NASHVILLE TN 37222	1020 SPACE PARK SOUTH NASHVILLE TN 37222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21 40539 Encyclopedia Cir.
Suite, Apt. #, etc. 22
City & State 23 Fremont, CA
Zip 24 94538 Country 25 US

2a. Mailing Address
26 100 Double Beach Rd.
Suite, Apt. #, etc. 27
City & State 28 Branford, CT
Zip 29 06405 Country 30 US

4. FEI Number: 77-0316268 ☐ 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

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
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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	DAVIS, IRA D	12 NAME	Randolph C. St.John	
STREET ADDRESS	1020 SPACE PARK SOUTH	13 STREET ADDRESS	1020 Space Park South	
CITY-ST-ZIP	NASHVILLE TN 37222	14 CITY-ST-ZIP	Nashville, TN 37222	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	LECKERLING, JON P	22 NAME		
STREET ADDRESS	100 DOUBLE BEACH ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD CT 06405	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	V/T	☒ Change ☐ Addition
NAME	ONORATO, JOSEPH A	32 NAME		
STREET ADDRESS	100 DOUBLE BEACH ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD CT 06405	34 CITY-ST-ZIP		
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	Wisot, Richard A.	
STREET ADDRESS		43 STREET ADDRESS	100 Double Beach Rd.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Branford, CT 06405	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	Shaw, Fred	
STREET ADDRESS		53 STREET ADDRESS	916 West Maude Ave.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Sunnyvale, CA 94086	
TITLE		61 TITLE	AS	☐ Change ☒ Addition
NAME		62 NAME	Toole, Edward D.	
STREET ADDRESS		63 STREET ADDRESS	100 Double Beach Rd.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Branford, CT 06405	

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: Joseph A. Onorato 4/5/95 (203) 481-5751
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466075 FP