

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003991 (6)
 1. Corporation Name
M.P. PUMPS, INC.



Principal Place of Business 100 E. PATTERSON ST. TECUMSEH MI 49286	Mailing Address 100 E. PATTERSON ST. TECUMSEH MI 49286-2041
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3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 38-2846541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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)	FL
83.	
84. City	

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	DVTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSS, JOHN H	1.2 NAME	
STREET ADDRESS	100 E. PATTERSON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TECUMSEH MI 49286	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELDER, JOHN W	2.2 NAME	
STREET ADDRESS	100 E. PATTERSON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TECUMSEH MI 49286	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, TODD W	3.2 NAME	
STREET ADDRESS	100 E. PATTERSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TECUMSEH MI 49286	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANNIGMAN, JAMES B	4.2 NAME	
STREET ADDRESS	100 E. PATTERSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TECUMSEH MI 49286	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, STEPHEN G	5.2 NAME	Daryl P. McDonald
STREET ADDRESS	100 E. PATTERSON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TECUMSEH MI 49286	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Daryl P. McDonald* **DARYL P. McDONALD** 4-29-97 (517)423-8628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

OFFICERS AND DIRECTORS
December 31, 1996

M.P. PUMPS, INC.

DIRECTORS:

John H. Foss
John W. Gelder
Todd W. Herrick

OFFICERS:

Chairman of the Board

Todd W. Herrick

President

James B. Johannigman

Secretary

Daryl P. McDonald

Vice President and Treasurer

John H. Foss

ADDRESS:

All Officers Can Be Contacted c/o:

TECUMSEH PRODUCTS COMPANY
100 E. Patterson Street
Tecumseh, MI 49286