

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004853

Entity Name: FEDERAL-MOGUL PRODUCTS, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

26555 NORTHWESTERN HWY
SOUTHFIELD, MI 48033 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 786
ATTN: TAX DEPT
SOUTHFIELD, MI 48037 US

New Mailing Address:

FEI Number: 43-1130207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: LYNCH, G M
Address: 2566 KENT RIDGE COURT
City-St-Zip: BLOOMFIELD HILLS, MI 48301

Title: S () Delete
Name: LIS, LANCE
Address: 4505 TANBARK
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: VCTO () Delete
Name: ROZYCKI, ROBERT C
Address: 5117 CARDINAL DRIVE
City-St-Zip: TROY, MI 48098

Title: PTD () Delete
Name: BOZYNSKI, DAVID A
Address: 1665 QUARTON
City-St-Zip: BIRMINGHAM, MI 48009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SDVP (X) Change () Addition
Name: KATZ, ROBERT L
Address: 1097 LAKESIDE DR
City-St-Zip: BIRMINGHAM, MI 48009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. ROZYCKI

VCTO

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date