

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000671 (6)**

1. Corporation Name
THE ECHLIN SALES COMPANY



Principal Place of Business: **75 NORTH BRANFORD ROAD BRANFORD CT 06405**
Mailing Address: **75 NORTH BRANFORD ROAD BRANFORD CT 06405**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				06-6026944	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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
85	Zip Code

FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, C. SCOTT	1.2 NAME	President Ernest Rodriguez
STREET ADDRESS	100 DOUBLE BEACH ROAD	1.3 STREET ADDRESS	11801 NW 101 Road
CITY-ST-ZIP	BRANFORD CT 06405	1.4 CITY-ST-ZIP	Medley, FL 33178
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECKERLING, JON P	2.2 NAME	V.P. & S.
STREET ADDRESS	100 DOUBLE BEACH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT 06405	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONORATO, JOSEPH A	3.2 NAME	V.P. & T
STREET ADDRESS	100 DOUBLE BEACH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT 06405	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Vice President Carlos Grande
STREET ADDRESS		4.3 STREET ADDRESS	100 Double Beach Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Branford, CT 06405
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Vice President Richard A. Wisot
STREET ADDRESS		5.3 STREET ADDRESS	100 Double Beach Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Branford, CT 06405
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Assistant Treasurer Edward C. Shalaan
STREET ADDRESS		6.3 STREET ADDRESS	100 Double Beach Rd.
CITY-ST-ZIP		6.4 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)(k), 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 Vice President & Treasurer Date: 4/26/96 (203) 481-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)