

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F95000001508**

1. Entity Name

**BEHR PROCESS CORPORATION**



Principal Place of Business

**3400 W. SEGERSTROM AVE.  
SANTA ANA, CA 92704**

Mailing Address

**C/O TAX DEPARTMENT  
21001 VAN BORN RD  
TAYLOR, MI 48180**



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-1801944</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV SZNEWAJS, JOHN G 21001 VAN BORN RD. TAYLOR, MI 481801340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SULLIVAN, JONATHAN M 3400 W. SEGERSTROM AVE. SANTA ANA, CA 92704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILLEY, JEFFREY D 3400 W. SEGERSTROM AVE. SANTA ANA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARGARO JR, EUGENE 21001 VAN BORN RD TAYLOR, MI 481801340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEKLEY, JOHN R 21001 VAN BORN RD TAYLOR, MI 481801340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLLIEN, JERRY W 21001 VAN BORN RD TAYLOR, MI 481801340

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IN THIS SPACE**

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05/01/07-80096-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

313-274-7400

Daytime Phone #