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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90286 002 *1,500.00

DOCUMENT # **F95000004667**

1. Corporation Name
BWD AUTOMOTIVE CORPORATION

Principal Place of Business	Mailing Address
11045 GAGE AVE. FRANKLIN PARK IL 60131	100 DOUBLE BEACH ROAD BRANFORD CT 06405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/25/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 06-1043482	☐ Applied For ☐ Not Applicable
21	26 c/o 4500 Dorr St.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 1000	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Toledo, OH	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 43697 Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DALEY, ROBERT		1.2 NAME		
STREET ADDRESS	175 N. BRANFORD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANFORD CT 06405		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VP/S	☐ Change ☒ Addition
NAME	LECKERLING, JON P		2.2 NAME	Steven E. Keller	
STREET ADDRESS	100 DOUBLE BEACH RD		2.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
CITY-ST-ZIP	BRANFORD CT 06405		2.4 CITY-ST-ZIP	Toledo, OH 43697	
TITLE	T	☒ DELETE	3.1 TITLE	VP/T	☐ Change ☒ Addition
NAME	VIVIER, STEPHEN D		3.2 NAME	A. Glenn Paton	
STREET ADDRESS	100 DOUBLE BEACH RD		3.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
CITY-ST-ZIP	BRANFORD CT 06405		3.4 CITY-ST-ZIP	Toledo, OH 43697	
TITLE	VPCF	☒ DELETE	4.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	ONORATO, JOSEPH A		4.2 NAME	Thomas Madden	
STREET ADDRESS	100 DOUBLE BEACH RD		4.3 STREET ADDRESS	100 Double Beach Road	
CITY-ST-ZIP	BRANFORD CT 06405		4.4 CITY-ST-ZIP	Branford, CT 06405	
TITLE	V	☒ DELETE	5.1 TITLE	AT	☐ Change ☒ Addition
NAME	TARTAGLIONE, BRUCE		5.2 NAME	Christopher J. Czarka	
STREET ADDRESS	11045 GAGE AVENUE		5.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
CITY-ST-ZIP	FRANKLIN PARK IL 60131		5.4 CITY-ST-ZIP	Toledo, OH 43697	
TITLE	T	☒ DELETE	6.1 TITLE	AT	☐ Change ☒ Addition
NAME	SHALAGAN, EDWARD C		6.2 NAME	Charles W. Hinde	
STREET ADDRESS	100 DOUBLE BEACH RD		6.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
CITY-ST-ZIP	BRANFORD CT 06405		6.4 CITY-ST-ZIP	Toledo, OH 43697	

14. I 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, with all other like empowered.

SIGNATURE: _____ Christopher J. Czarka Assistant Treasurer 4/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)