SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000005795 (7)

MERITOR LIGHT VEHICLE SYSTEMS, INC.

Principal Place of Business 625 LIBERTY AVENUE

Mailing Address

625 LIBERTY AVENUE

FILED Sep 09 1998 8:00am Secretary of State



PITTSBURGH PA 15222-3123			PITTSBURGH PA 15222-3123					
						DO NOT WRITE	DO NOT WRITE IN THIS 8PACE	
						3. Date Incorporated or Qualified		
						11/06/1996		
	lace of Business		2a. Mailing Address ATTN: TAX DEPT			1	Applied For	
21 2135 W. MAPLE RD.			26 2135 W. MAPLE RD.			47-0804563	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22			[27]			5. 55	Fee Required	
City & State TROY, MI			City & State TROY, MI			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country			Zip Country			B. This corporation owes or has paid the current year Intangible		
24 4808		USA	29 48084	h	SA	Personal Property Tax due June 3	F3 ' F3 '	
			nt Registered Agent	1201		10. Name and Address of New Regi		
<u>^ </u>			The second secon		1 Name	10. Statile died Lines and O. Hour Lines	TO THE PARTY OF TH	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD								
	NTATION FL 3332			8	82 Street Address (P.O. Box Number is Not Acceptable)			
7 6/4		•		8	3			
					4 City		85 Zip Code	
		_		J°	City		FL 85 Zip Code	
11. Pursuant	t to the provisions of	sections 607.050	02 and 607.1508, Florida Statute	s, the abov	e-named co	poration submits this statement for the purpo ation's board of directors. I hereby accept th	se of ch ang ing its registered	
office or	regist ere d agent, or	both, in the Stat	e of Florida. Such change was a gations of, section 607.0505, Flo	authorized I	by the corpo	ation's board of directors. I hereby accept th	appointment as registered	
_	on minior with all	accept the oplic	general or, section correspond File	maa otatut	.			
SIGNATURE	Signature, typed or printed	name of registered ag	ent and title If applicable (NC	D1E Registered	Agent signatur	(equired when reinstating)	DATE	
12.			ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	PSD		X DELETE	1.1 TITLE		PS	X Change Addition	
NAME	MCKENNY, S S		D-31 (P-	1.2 NAMI		.W. GREENFIELD	g- L.,	
STREET ADDRESS	625 LIBERTY A				- 1	2135 W. MAPLE RD.		
CITY-ST-ZIP	PITTSBURGH P			1.4 CITY		TROY, MI 48084		
TITLE	VASD		X DELETE	2.1 TITLE		7	Change X Addition	
NAME	GREENFIELD, D	w	(V) percis	2.2 NAM	J	J.J. JOYCE	Change TV Mounton	
STREET ADDRESS	625 LIBERTY A							
	PITTSBURGH P			1	- 1	2135 W. MAPLE RD.		
CITY-ST-ZIP TITLE	D	2	X DELETE	2.4 CITY- 3.1 TITLE	51-2#'	TROY, MI 48084 MASD	Change X Addition	
	BECK, R K		[X] DELETE	3.1 HILE 3.2 NAMI			L_ Change LA Addition	
NAME	625 LIBERTY A	/ENI IE				I.R. SCHAITKIN		
STREET ADDRESS	PITTSBURGH P					2135 W. MAPLE RD.		
CITY-ST-ZIP	THIODUNGH	<u> </u>		3.4 CITY-		ROY, MI 48084		
TITLE	DODOG DEN	110 4	X DELETE	4.1 TITLE	- 1	ASD	Change Addition	
NAME	POPOSE, DENN			4.2 NAM	1	B. WILKINSON		
STREET ADDRESS	625 LIBERTY A					2135 W. MAPLE RD.		
CITY-ST-ZIP	PITTSBURGH P	A		4.4 CH Y-		ROY, MI 48084	····	
TITLE	AT		X DELETE	5.1 TITLE	1	AT .	Change X Addition	
NAME	CRIBBS, J R			5.2 NAM		B. DONG		
STREET ADDRESS	625 LIBERTY A			53STRE	ET ADDRESS	2135 W. MAPLE RD.		
CITY-ST-ZIP	PITT SB URGH P	A		5.4 CITY-		ROY, MI 48084		
TITLE	AT		[X] DELF1E	6.1 TITLE		T	Change X Addition	
NAME	STOOPS JR, C	C		6.2 NAMI)	. KENNEDY	· ·	
STREET ADDRESS	625 LIBERTY AV			6.3 STRE	I	2135 W. MAPLE RD.		
	DITTORUDOU D	A				133 W. MAPUE KD.		

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

7/31/48

ASSISTANT Treasure