2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am Secretary of State DOCUMENT # F96000005795 1. Entity Name 05-23-2001 91177 025 ***150.00 MERITOR LIGHT VEHICLE SYSTEMS, INC. Principal Place of Business Mailing Address 2135 W MAPLE RD ATTN TAX DEPT TROY MI 48084 2135 W MAPLE RD US TROY MI 48064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Appliec For 4. FEI Number 47-0804563 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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. (NOT : Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete BAKER, VERNON G II NAME NAME STREET ADDRESS 2135 W MAPLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TROY MI 48084** DIRECTOR ☐ Addition VASD ☐ Delete Change Change TITLE TITLE SCHAITKIN, M R NAME NAME STREET ADDRESS STREET ADDRESS 2135 W MAPLE RD CITY-ST-ZIE CITY-ST-ZIP TROY MI 48084 DIRECTOR ASD Change ☐ Addition THRE TITLE □ Delete WILKINSON, B NAME NAME STREET ADDRESS STREET ADDRESS 2135 W MAPLE RD CITY-ST-ZIP CITY-ST-ZIP TROY MI 48084 Change Addition AT TITLE Delete TITLE NAME DONG, B NAME STREET ADDRESS 2135 W MAPLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TROY MI 48084 Change Addition TITLE ☐ Delete TITLE KENNEDY, D NAME NAME STREET ADDRESS 2135 W MAPLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TROY MI 48084 TREASURER Addition ☐ Change TITLE ☐ Delete TITLE FRANK VOLTOLINA NAME NAME 2135 W. MAPLERD STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that rily 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

TROY, MI 48084

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> ७५८-५३५ -० ७८८</u>

FILED

Date