

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001789

FILED
Apr 29, 2009
Secretary of State

Entity Name: STANDARD MOTOR PRODUCTS, INC.

Current Principal Place of Business:

37-18 NORTHERN BLVD.
LONG ISLAND CITY, NY 11101

New Principal Place of Business:

Current Mailing Address:

37-18 NORTHERN BLVD.
LONG ISLAND CITY, NY 11101

New Mailing Address:

FEI Number: 11-1362020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAULT, ROBERT
170 SUNPORT LANE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MARTIN, ROBERT
Address: 9 NASH ROAD
City-St-Zip: GOLDEN BRIDGE, NY 10526

Title: PCOO () Delete
Name: GETHIN, JOHN
Address: 5217 SOUTHERN HILLS
City-St-Zip: FRISCO, TX 75034

Title: DCEO () Delete
Name: SILLS, LAWRENCE I
Address: 534 - 1ST ST.
City-St-Zip: BROOKLYN, NY 11215

Title: D () Delete
Name: STILLIS, ARTHUR
Address: 37-18 NORTHERN BLVD
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: VPC () Delete
Name: BURKE, JAMES J
Address: 7 HOLLY DRIVE
City-St-Zip: SYOSSET, NY 11791

Title: S () Delete
Name: BROCCOLE, CARMINE
Address: 37-18 NORTHERN BLVD
City-St-Zip: LONG ISLAND CITY, NY 11101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MARTIN

T

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date