

**F97000004506**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H11000061719 3)))



H110000617193ABC-

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ARVINMERITOR, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04/5
Estimated Charge	\$35.00

N.C.  
C.COULLIETTE

MAR 10 2011

EXAMINER  
3/8/2011



March 9, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARVINMERITOR, INC.  
2135 WEST MAPLE RD.  
TROY, MI 48064-7186

SUBJECT: ARVINMERITOR, INC.  
REF: F97000004506

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must show a date in number 4 of this application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

FAX Aud. #: E11000061719  
Letter Number: 211A00005803

RECEIVED  
11 MAR 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ArvinMeritor, Inc

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F97000004506

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

catherine.rodman@arvinmeritor.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &  
Certificate of Status

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\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F97000004506

(Document number of corporation (if known))

1. ArvinMeritor, Inc  
(Name of corporation as it appears on the records of the Department of State)
2. Nevada 3. 08/26/1997  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 3, 2011

5. Meritor, Inc  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

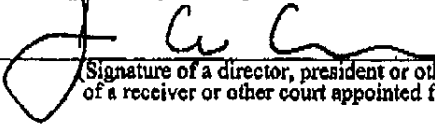
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

John A. Grubbs  
(Typed or printed name of person signing)

President and Secretary  
(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR - 8 PM 2:14

# SECRETARY OF STATE

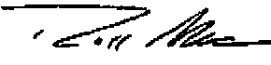


## CERTIFICATE OF NAME CHANGE

I, ROSS MILLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on March 3, 2011, a Certificate of Amendment to its Articles of Incorporation changing the name to **MERITOR, INC.**, was filed in this office by **ARVINMERITOR, INC.**. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 8, 2011.

  
ROSS MILLER  
Secretary of State

Certified By: Chris Thomann  
Certificate Number: C20110308-0548  
You may verify this certificate  
online at <http://www.nvsos.gov/>