

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  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90061 020 \*\*\*150.00

DOCUMENT # F98000003120

1. Corporation Name  
PRESTOLITE WIRE CORPORATION

Principal Place of Business

LIBERTY LANE  
HAMPTON NH 03842

Mailing Address

LIBERTY LANE  
HAMPTON NH 03842

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

22-2689835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 200 GALLERIA OFFICENTRE

Suite, Apt. #, etc.

22 STE. 200, CS#5022

City & State

23 SOUTHFIELD, MI 48086

Zip

Country

24 48086

25 USA

2a. Mailing Address

26 200 GALLERIA OFFICENTRE

Suite, Apt. #, etc.

27 STE. 200, CS#5022

City & State

28 SOUTHFIELD, MI 48086

Zip

Country

29 48086

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COBD ☐ DELETE

NAME MONTRONE, PAUL M

STREET ADDRESS LIBERTY LANE

CITY-ST-ZIP HAMPTON NH 03842

TITLE VCVT ☐ DELETE

NAME MEISTER, PAUL M

STREET ADDRESS LIBERTY LANE

CITY-ST-ZIP HAMPTON NH 03842

TITLE PCVT ☒ DELETE

NAME JOECKEL, GEORGE L

STREET ADDRESS 32878 MIDDLEBELT ROAD

CITY-ST-ZIP FARMINGTON HILLS MI 48018

TITLE V ☐ DELETE

NAME ABOUKHATER, HOUSAM T

STREET ADDRESS LIBERTY LANE

CITY-ST-ZIP HAMPTON NH 03842

TITLE VAS ☐ DELETE

NAME MILLER, JOHN T

STREET ADDRESS 32878 MIDDLEBELT ROAD

CITY-ST-ZIP FARMINGTON HILLS MI 48018

TITLE SGC ☐ DELETE

NAME DUCHENE, TODD M

STREET ADDRESS LIBERTY LANE

CITY-ST-ZIP HAMPTON NH 03842

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

GASPER BUFFA  
200 GALLERIA OFFICENTRE, STE. 200 CS#5022  
SOUTHFIELD, MI 48086

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

200 GALLERIA OFFICENTRE, STE. 200 CS#5022  
SOUTHFIELD, MI 48086

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0664204