

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90651 042 ***150.00

DOCUMENT # F98000007037

1. Entity Name

FEDERAL-MOGUL IGNITION COMPANY



Principal Place of Business
**26555 NORTHWESTERN HIGHWAY
SOUTHFIELD MI 48034**

Mailing Address
**PO BOX 1966
ATTN: TAX DEPT
DETROIT MI 48235**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-4203131**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
3953 W.W. KELLY RD.
TALLAHASSEE FL 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
NAME **MATZ, ROBERT W**
STREET ADDRESS **5963 LINWOOD CT**
CITY-ST-ZIP **WHITEHOUSE OH 43571**

TITLE **AT** ☐ Change ☒ Addition
NAME **James D. Keller**
STREET ADDRESS **415 E. Main**
CITY-ST-ZIP **Manchester, MI 48158**

TITLE **VGCD** ☐ Delete
NAME **ZAMOYSKI, JAMES J**
STREET ADDRESS **7222 MEADOWLAKE ROAD**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **VERWILST, MICHAEL C**
STREET ADDRESS **5629 KIRKBRIDGE TRAIL**
CITY-ST-ZIP **ROCHESTER MI 48306**

TITLE **V** ☐ Change ☒ Addition
NAME **Charles B. Grant**
STREET ADDRESS **30845 Oakleaf**
CITY-ST-ZIP **Franklin, MI 48025**

TITLE **D** ☐ Delete
NAME **BOZYNSKI, DAVID A**
STREET ADDRESS **1665 QUARTON**
CITY-ST-ZIP **BIRMINGHAM MI 48009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SHERBIN, DAVID**
STREET ADDRESS **4181 SOUTHMOOR LANE**
CITY-ST-ZIP **WEST BLOOMFIELD MI 48323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CTO** ☐ Delete
NAME **ROZYCKI, ROBERT C**
STREET ADDRESS **5117 CARDINAL DRIVE**
CITY-ST-ZIP **TROY MI 48068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert C. Rozycki
Vice President and Chief Tax Officer

04-10-03

(248) 354-9825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)