

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06160** (6)

1. Corporation Name  
**PACER INDUSTRIES, INC.**



Principal Place of Business <b>ECHLIN INC. 100 DOUBLE BEACH ROAD BRANFORD CT 06405</b>	Mailing Address <b>ECHLIN INC. 100 DOUBLE BEACH ROAD BRANFORD CT 06405-4909</b>
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3. Date Incorporated or Qualified <b>05/23/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>06-1044104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P DALEY, ROBERT</b>
STREET ADDRESS	<b>175 N BRANFORD RD</b>
CITY-ST-ZIP	<b>BRANFORD CT</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPSD LECKERLING, JON P</b>
STREET ADDRESS	<b>100 DOUBLE BEACH ROAD</b>
CITY-ST-ZIP	<b>BRANFORD CT</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP WISOT, RICHARD A.</b>
STREET ADDRESS	<b>100 DOUBLE BEACH ROAD</b>
CITY-ST-ZIP	<b>BRANFORD CT</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>C HENEHAN, WILLIAM</b>
STREET ADDRESS	<b>9101 ELY ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VT ONORATO, JOSEPH</b>
STREET ADDRESS	<b>100 DOUBLE BEACH ROAD</b>
CITY-ST-ZIP	<b>BRANFORD CT</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>AS TOOLE, EDWARD D. JR.</b>
STREET ADDRESS	<b>100 DOUBLE BEACH ROAD</b>
CITY-ST-ZIP	<b>BRANFORD CT</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>EVPSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Edward C. Shalagan</b>
3.3 STREET ADDRESS	<b>100 Double Beach Road</b>
3.4 CITY-ST-ZIP	<b>Branford, CT 06405</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>V/CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **Joseph A. Onorato** 4/3/97 (203) 481-5751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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