

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90054 033 ***550.00

DOCUMENT # P06160

1. Entity Name

PACER INDUSTRIES, INC.

Principal Place of Business

Mailing Address

ECHLIN INC.
100 DOUBLE BEACH ROAD
BRANFORD CT 06405

ECHLIN INC.
~~100 DOUBLE BEACH ROAD~~
~~BRANFORD CT 06405 4909~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Cl. 4500 Dorr St.

P.O. Box 1000

TOLEDO, OH.

43697

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1044104**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DALEY, ROBERT**
STREET ADDRESS **175 N BRANFORD RD**
CITY-ST-ZIP **BRANFORD CT**

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

TITLE **VPS** ☐ Delete
NAME **KELLER, STEVEN R**
STREET ADDRESS **4500 DORR ST./ P.O. BOX 1000**
CITY-ST-ZIP **TOLEDO OH 43697**

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

TITLE **VPT** ☐ Delete
NAME **PATON, A. GLENN**
STREET ADDRESS **4500 DORR ST/ P.O. BOX 1000**
CITY-ST-ZIP **TOLEDO OH 43697**

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

TITLE **VPD** ☐ Delete
NAME **MADDEN, THOMAS**
STREET ADDRESS **100 DOUBLE BEACH RD**
CITY-ST-ZIP **BRANFORD CT 06405**

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

TITLE **AT** ☐ Delete
NAME **CZARKA, CHRISTOPHER J**
STREET ADDRESS **4500 DORR ST/ P.O. BOX 1000**
CITY-ST-ZIP **TOLEDO OH 43697**

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

TITLE **AT** ☐ Delete
NAME **HINDE, CHARLES W**
STREET ADDRESS **4500 DORR ST. P.O. BOX 1000**
CITY-ST-ZIP **TOLEDO FL 43697**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 15034 (9/99)