FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06520** **(1)**

1. Corporation Name

AMERICAN BEARING AND POWER TRANSMISSION, INC.

Principal Place of Business
1400 HOWARD STREET
DETROIT MI 48216

Mailing Address
1400 HOWARD STREET
DETROIT MI 48216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1985**
3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

4. FEI Number: **38-2594116** ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

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 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 _______ DATE _______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPT	1.1 TITLE	☐ Change ☐ Addition
NAME	LATEN, STEVEN L	1.2 NAME	
STREET ADDRESS	1400 HOWARD ST	1.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, JAMES T., II	2.2 NAME	
STREET ADDRESS	1400 HOWARD STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	2.4 CITY, ST, ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, J. MICHAEL	3.2 NAME	
STREET ADDRESS	1400 HOWARD STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	3.4 CITY, ST, ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	MCALPINE, ANN S	4.2 NAME	
STREET ADDRESS	1400 HOWARD ST	4.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	4.4 CITY, ST, ZIP	
TITLE	SVPD	5.1 TITLE	☐ Change ☐ Addition
NAME	ZEINSTRA, ROBERT L	5.2 NAME	
STREET ADDRESS	1400 HOWARD STREET	5.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	5.4 CITY, ST, ZIP	
TITLE	VPTD	6.1 TITLE	☐ Change ☐ Addition
NAME	MELLOS, STEVEN P.	6.2 NAME	
STREET ADDRESS	1400 HOWARD STREET	6.3 STREET ADDRESS	
CITY, ST, ZIP	DETROIT MI	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Anne S. McAlpine Asst. Sec. 4-17-95 313-963-6011

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

0470000 FP