

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 29 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified
06/24/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(If the Registered Agent Signature is required with this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VPT
LATEN, STEVEN L
1400 HOWARD ST
DETROIT MI

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
MOORE, JAMES T., II
1400 HOWARD STREET
DETROIT MI

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

CD
MOORE, J. MICHAEL
1400 HOWARD STREET
DETROIT MI

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

AS
MCALPINE, ANN S
1400 HOWARD ST
DETROIT MI

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

SVPD
ZEINSTR, ROBERT L
1400 HOWARD STREET
DETROIT MI

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VPTD
MELLOS, STEVEN P.
1400 HOWARD STREET
DETROIT MI

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

V.P., D. ☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

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:

Ann S. McAlpine ASST. SEC. 5/15/96 (313) 963-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)