

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

**APPROVED
AND
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95 APR 18 PM 7:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P13575

(6)

1. Corporation Name

UNC LEAR SIEGLER, INC.

Principal Place of Business

Mailing Address

**% UNC INCORPORATED - TAX DEPT
175 ADMIRAL COCHRANE DR
ANNAPOLIS MD 21401-7394
US**

**% UNC INCORPORATED - TAX DEPT
175 ADMIRAL COCHRANE DR
ANNAPOLIS MD 21401-7394
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/11/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

13-3386715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 607.0502 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MOELLER, JOHN**
STREET ADDRESS **175 ADMIRAL COCHRANE DR**
CITY - ST - ZIP **ANNAPOLIS MD**

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

☐ Change ☐ Addition

TITLE **VSD**
NAME **LANGE, RICHARD H**
STREET ADDRESS **175 ADMIRAL COCHRANE DR**
CITY - ST - ZIP **ANNAPOLIS MD**

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

☐ Change ☐ Addition

TITLE **T**
NAME **BUBB, GREGORY M**
STREET ADDRESS **175 ADMIRAL COCHRANE DR**
CITY - ST - ZIP **ANNAPOLIS MD**

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

☐ Change ☐ Addition

TITLE **AS**
NAME **FRERICH, HERBERT D**
STREET ADDRESS **175 ADMIRAL COCHRANE DR**
CITY - ST - ZIP **ANNAPOLIS MD**

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

☐ Change ☐ Addition

TITLE **AT**
NAME **FAHEY, JAMES P**
STREET ADDRESS **175 ADMIRAL COCHRANE DR**
CITY - ST - ZIP **ANNAPOLIS MD**

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

☐ Change ☐ Addition

TITLE **D**
NAME **PEVENSTEIN, ROBERT L**
STREET ADDRESS **175 ADMIRAL COCHRANE DR**
CITY - ST - ZIP **ANNAPOLIS MD**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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:

James P. Fahey

James P. Fahey, Assistant Treasurer

4/13/95 (410) 266-7333

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)