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May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P21528** **(5)**

1. Corporation Name
AE CLEVITE INC.

Principal Place of Business	Mailing Address
325 E EISENHOWER ANN ARBOR MI 48108 US	777 EISENHOWER PARKWAY STE 600 ANN ARBOR MI 48108 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1988**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **38-2719472**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	JERRY A. MCCABE		1.2 NAME	ROBERT SOROOSH	
STREET ADDRESS	325 E. EISENHOWER PKWY		1.3 STREET ADDRESS	1350 EISENHOWER PLACE	
CITY-ST-ZIP	ANN ARBOR MI		1.4 CITY-ST-ZIP	ANN ARBOR, MI 48108	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	WASHBISH, JOHN R		2.2 NAME	WASHBISH, JOHN R.	
STREET ADDRESS	325 E. EISENHOWER PKWY		2.3 STREET ADDRESS	1350 EISENHOWER PLACE	
CITY-ST-ZIP	ANN ARBOR MI		2.4 CITY-ST-ZIP	ANN ARBOR, MI 48109	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	BROWN, DONNA L		3.2 NAME	SHARON A. SEARS	
STREET ADDRESS	777 EISENHOWER PARKWAY STE 600		3.3 STREET ADDRESS	777 E. EISENHOWER PKWY.	
CITY-ST-ZIP	ANN ARBOR MI		3.4 CITY-ST-ZIP	ANN ARBOR, MI 48109	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, JAMES D		4.2 NAME		
STREET ADDRESS	777 EISENHOWER PKWY STE 600		4.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI		4.4 CITY-ST-ZIP		
TITLE	ASD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIEHL, SUSAN M		5.2 NAME		
STREET ADDRESS	777 EISENHOWER PKWY - STE 600		5.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	RODNEY ASHBY-JOHNSON		6.2 NAME	RODNEY ASHBY-JOHNSON	
STREET ADDRESS	BOWDON HOUSE ASHBURTON RD., W. TRAFFORD PK		6.3 STREET ADDRESS	MANCHESTER INTL OFFICE CENTER, STYAL ROAD	
CITY-ST-ZIP	MANCHESTER M		6.4 CITY-ST-ZIP	MANCHESTER ENGLAND M22 5TN	

CR2E034 (10/97)

14. 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 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: Sharon A. Sears 4-21-98 734/464-6749