2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21528

FILED Apr 26, 2007 Secretary of State

Entity Name: FEDERAL-MOGUL POWERTRAIN, INC.

Current Principal Place of Business: New Principal Place of Business: 26555 NORTHWESTERN HIGHWAY 26555 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48034 SOUTHFIELD, MI 48033 **Current Mailing Address: New Mailing Address:** PO BOX 786; ATTN: TAX DEPT SOUTHFIELD, MI 48037 FEI Number: 38-2719472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **VPTD** () Delete Title: () Change () Addition Name: BOZYNSKI, DAVID A Name: 1665 QUARTON Address: Address: City-St-Zip: BIRMINGHAM, MI 48009 US City-St-Zip: Title: Title: () Delete () Change () Addition LIS, LANCE Name: Name: Address: Address: 4505 TANBARK BLOOMFIELD HILLS, MI 48302 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JUECKSTOCK, RAINER Name: Name: 322 VAILWOOD CT Address: Address: City-St-Zip: BLOOMFIELD HILLS, MI 48302 City-St-Zip: Title: **VCTO** () Delete Title: () Change () Addition ROZYCKI, ROBERT C Name: Name: Address: 5117 CARDINAL DR Address: City-St-Zip: TROY, MI 48098 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. ROZYCKI VCTO 04/26/2007