

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P32406** (1)

1. Corporation Name
ECHLIN INC.



Principal Place of Business: **100 DOUBLE BEACH RD. BRANFORD CT 06405**
Mailing Address: **100 DOUBLE BEACH RD. BRANFORD CT 06405**

3. Date Incorporated or Qualified: **01/03/1991** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **06-0330448** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
85. Zip Code: **FL**

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	
TITLE	CEO <input type="checkbox"/> DELETE
NAME	MANCHESKI, FREDERICK J.
STREET ADDRESS	100 DOUBLE BEACH RD.
CITY - ST - ZIP	BRANFORD CT
TITLE	P <input type="checkbox"/> DELETE
NAME	GREER, C. SCOTT
STREET ADDRESS	100 DOUBLE BEACH RD.
CITY - ST - ZIP	BRANFORD CT
TITLE	VC <input type="checkbox"/> DELETE
NAME	WISOT, RICHARD A.
STREET ADDRESS	100 DOUBLE BEACH RD.
CITY - ST - ZIP	BRANFORD CT
TITLE	VT <input type="checkbox"/> DELETE
NAME	ONORATO, JOSEPH A.
STREET ADDRESS	100 DOUBLE BEACH RD.
CITY - ST - ZIP	BRANFORD CT
TITLE	V <input type="checkbox"/> DELETE
NAME	MAKOSKI, MILT
STREET ADDRESS	100 DOUBLE BEACH RD.
CITY - ST - ZIP	BRANFORD CT
TITLE	D <input type="checkbox"/> DELETE
NAME	ECHLIN, JOHN E. JR.
STREET ADDRESS	180 GREENHILL ROAD
CITY - ST - ZIP	KILLINGWORTH CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Joseph A. Onorato, Vice President & Treasurer** 4/26/96 (203) 481-5751

CR2E034 (12/95)