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**Apr 08 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

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 06405-4909**

3. Date Incorporated or Qualified 01/03/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 06-0330448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEO <input checked="" type="checkbox"/> DELETE
NAME	MANCHESKI, FREDERICK J.
STREET ADDRESS	100 DOUBLE BEACH RD.
CITY- ST- ZIP	BRANFORD CT
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GREER, C. SCOTT
STREET ADDRESS	100 DOUBLE BEACH RD.
CITY- ST- ZIP	BRANFORD CT
TITLE	VC <input checked="" 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	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Larry W. McCurdy
1.3 STREET ADDRESS	100 Double Beach Road
1.4 CITY- ST- ZIP	Branford, CT 06405
2.1 TITLE	EVP/GC/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jon P. Leckerling
2.3 STREET ADDRESS	100 Double Beach Road
2.4 CITY- ST- ZIP	Branford, CT 06405
3.1 TITLE	V/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kenneth T. Flynn
3.3 STREET ADDRESS	100 Double Beach Road
3.4 CITY- ST- ZIP	Branford, CT 06405
4.1 TITLE	V/CEO <input checked="" 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 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: *Joseph A. Onorato* **4/3/97** **(203) 481-5751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)