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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 ☐

\$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

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

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

TITLE CEO ☒ DELETE
NAME MANCHESKI, FREDERICK J.
STREET ADDRESS 100 DOUBLE BEACH RD.
CITY-ST-ZIP BRANFORD CT

TITLE P ☒ DELETE
NAME GREER, C. SCOTT
STREET ADDRESS 100 DOUBLE BEACH RD.
CITY-ST-ZIP BRANFORD CT

TITLE VC ☒ DELETE
NAME WISOT, RICHARD A.
STREET ADDRESS 100 DOUBLE BEACH RD.
CITY-ST-ZIP BRANFORD CT

TITLE VT ☐ DELETE
NAME ONORATO, JOSEPH A.
STREET ADDRESS 100 DOUBLE BEACH RD.
CITY-ST-ZIP BRANFORD CT

TITLE V ☐ DELETE
NAME MAKOSKI, MILT
STREET ADDRESS 100 DOUBLE BEACH RD.
CITY-ST-ZIP BRANFORD CT

TITLE D ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

(203) 481-5751

Date Daytime Phone #

CR2E034 (9/96)