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FILED  
Apr 08 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/03/1991

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

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ 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

Country

28 Zip

Country

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 PCEO  
NAME MCCURDY, LARRY W.  
STREET ADDRESS 100 DOUBLE BEACH RD.  
CITY-ST-ZIP BRANFORD CT ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPCS  
NAME LECKERLING, JON P.  
STREET ADDRESS 100 DOUBLE BEACH RD.  
CITY-ST-ZIP BRANFORD CT ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP Exec. Vice Pres. ☒ Change ☐ Addition

TITLE VC  
NAME FLYNN, KENNETH T.  
STREET ADDRESS 100 DOUBLE BEACH RD.  
CITY-ST-ZIP BRANFORD CT ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

TITLE D  
NAME ECHLIN, JOHN E. JR.  
STREET ADDRESS 180 GREENHILL ROAD  
CITY-ST-ZIP KILLINGWORTH CT ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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; 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

4/2/98

(203)481-5751

CR2E034 (10/97)