

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1991	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 06-0330448	Applied For Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				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 607.1508, 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY, LARRY W.	1.2 NAME	
STREET ADDRESS	100 DOUBLE BEACH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	1.4 CITY-ST-ZIP	
TITLE	VPCS <input type="checkbox"/> DELETE	2.1 TITLE	Exec. Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECKERLING, JON P.	2.2 NAME	
STREET ADDRESS	100 DOUBLE BEACH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, KENNETH T.	3.2 NAME	
STREET ADDRESS	100 DOUBLE BEACH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	3.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONORATO, JOSEPH A.	4.2 NAME	
STREET ADDRESS	100 DOUBLE BEACH RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKOSKI, MILT	5.2 NAME	
STREET ADDRESS	100 DOUBLE BEACH RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHLIN, JOHN E. JR.	6.2 NAME	
STREET ADDRESS	180 GREENHILL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KILLINGWORTH CT	6.4 CITY-ST-ZIP	

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* Joseph A. Onorato 4/2/98 (203)481-5751

CR2E034 (10/97)