

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90286 002 *1,500.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P32406

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: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29
 Country: 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: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	MCCURDY, LARRY W.	
STREET ADDRESS	100 DOUBLE BEACH RD.	
CITY-ST-ZIP	BRANFORD CT	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	LECKERLING, JON P.	
STREET ADDRESS	100 DOUBLE BEACH RD.	
CITY-ST-ZIP	BRANFORD CT	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN, KENNETH T.	
STREET ADDRESS	100 DOUBLE BEACH RD.	
CITY-ST-ZIP	BRANFORD CT	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	ONORATO, JOSEPH A.	
STREET ADDRESS	100 DOUBLE BEACH RD.	
CITY-ST-ZIP	BRANFORD CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAKOSKI, MILT	
STREET ADDRESS	100 DOUBLE BEACH RD.	
CITY-ST-ZIP	BRANFORD CT	
TITLE	D	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Southwood J. Morcott	
1.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
1.4 CITY-ST-ZIP	Toledo, OH 43697	
2.1 TITLE	VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steven E. Keller	
2.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
2.4 CITY-ST-ZIP	Toledo, OH 43697	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	A. Glenn Paton	
3.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
3.4 CITY-ST-ZIP	Toledo, OH 43697	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Martin J. Strobel	
4.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
4.4 CITY-ST-ZIP	Toledo, OH 43697	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John S. Simpson	
5.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000	
5.4 CITY-ST-ZIP	Toledo, OH 43697	
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 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, with all other like empowered.

SIGNATURE: Steven E. Keller Assistant Secretary Date: 4/21/99

CR2E034 (1/98)