

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90104 005 \*\*\*550.00

**DOCUMENT # P32406**

1. Entity Name

ECHLIN, INC.

Principal Place of Business	Mailing Address
100 DOUBLE BEACH ROAD BRANFORD, CT. 06405	P.O. BOX 1000 TOLEDO, OH. 43697

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0330448

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

*DU 58246*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL. 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SOUTHWOOD J. MORCOTT	
STREET ADDRESS	4500 DORR ST., P.O. BOX 1000	
CITY - ST - ZIP	TOLEDO, OH. 43697	
TITLE	VP/S/D	<input type="checkbox"/> Delete
NAME	KELLER, STEVEN E.	
STREET ADDRESS	4500 DORR ST., P.O. BOX 1000	
CITY - ST - ZIP	TOLEDO, OH. 43697	
TITLE	VP/T/D	<input type="checkbox"/> Delete
NAME	PATON, GLENN A.	
STREET ADDRESS	4500 DORR ST., P.O. BOX 1000	
CITY - ST - ZIP	TOLEDO, OH. 43697	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN J. STROBEL	
STREET ADDRESS	4500 DORR ST., P.O. BOX 1000	
CITY - ST - ZIP	TOLEDO, OH. 43697	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHN S. SIMPSON	
STREET ADDRESS	4500 DORR ST., P.O. BOX 1000	
CITY - ST - ZIP	TOLEDO, OH. 43697	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ECHLIN, JOHN E. JR.	
STREET ADDRESS	180 GREENHILL ROAD	
CITY - ST - ZIP	KILLINGWORTH CT.	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY MCCURDY	
STREET ADDRESS	4500 DORR ST., P.O. BOX 1000	
CITY - ST - ZIP	TOLEDO, OH. 43697	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS MADDEN	
STREET ADDRESS	100 DOUBLE BEACH ROAD	
CITY - ST - ZIP	BRANFORD, CT. 06405	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZARKA, CHRISTOPHER J.	
STREET ADDRESS	4500 DORR ST., P.O. BOX 1000	
CITY - ST - ZIP	TOLEDO, OH. 43697	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDE, CHARLES W.	
STREET ADDRESS	4500 DORR ST., P.O. BOX 1000	
CITY - ST - ZIP	TOLEDO, OH. 43697	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #