

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90064 001 ***150.00

DOCUMENT # P32449

1. Corporation Name
GKN INDUSTRIES INC.

Principal Place of Business
3300 UNIVERSITY DR.
AUBURN HILLS MI 48326
US

Mailing Address
3300 UNIVERSITY DR.
AUBURN HILLS MI 48326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1991

4. FEI Number

52-1660753

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD
NAME BERESFORD, MARCUS
STREET ADDRESS POST OFFICE BOX 55 N/A
CITY-ST-ZIP REDDITCH, WOR., U.K.

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

TITLE VD
NAME WALKER, K.D.
STREET ADDRESS POST OFFICE BOX 55 N/A
CITY-ST-ZIP REDDITCH, WOR., U.K.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME TURNER, D.J.
STREET ADDRESS P.O. BOX 55
CITY-ST-ZIP REDDITCH, WOR., U.K.

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

TITLE SD
NAME JOHNSON, L.A.
STREET ADDRESS ONE NEW YORK PLAZA
CITY-ST-ZIP NEW YORK NY

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

TITLE D
NAME HANSON, J
STREET ADDRESS ONE NEW YORK PLAZA
CITY-ST-ZIP NEW YORK NY

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

TITLE AS
NAME TATUM, A.R.
STREET ADDRESS 3300 UNIVERSITY DR.
CITY-ST-ZIP AUBURN HILLS MI

6.1 TITLE
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:

A. R. Tatum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 Apr 99 248 377-1200

CR2E034 (11/98)