**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000054

**FILED**
**Apr 24, 2021**
**Secretary of State**
**9935294950CC**

**Entity Name:** MANN+HUMMEL FILTRATION TECHNOLOGY PRODUCTS CORP LLC

**Current Principal Place of Business:**

1 WIX WAY
GASTONIA, NC 28054

**Current Mailing Address:**

1 WIX WAY
GASTONIA, NC 28054 US

**FEI Number: 20-1483414**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

*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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | REYES, RODRIGO |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

| | |
|---|---|
| Title | MEMBER |
| Name | MANN+HUMMEL FILTRATION TECHNOLOGY US LLC |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KLINE, DAVID |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

| | |
|---|---|
| Title | SECRETARY |
| Name | ROWE, R. LEONARD JR. |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

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|---|---|
| Title | DIRECTOR |
| Name | REYES, RODRIGO |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

| | |
|---|---|
| Title | TREASURER |
| Name | KLINE, DAVID |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

| | |
|---|---|
| Title | ASSISTANT SECRETARY |
| Name | CLONINGER, MATTHEW J. |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

| | |
|---|---|
| Title | ASSISTANT SECRETARY |
| Name | IHRIG, JOEL |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: DAVE MCCOLLEY VICE PRESIDENT 04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date

## Authorized Person(s) Detail Continued :

| | |
|---|---|
| Title | ASSISTANT SECRETARY |
| Name | ECKARD, SPENCER L. |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

| | |
|---|---|
| Title | VP |
| Name | MCCOLLEY, DAVE |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |

| | |
|---|---|
| Title | VP |
| Name | WESTRICK, KARL |
| Address | 1 WIX WAY |
| City-State-Zip: | GASTONIA NC 28054 |