

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000004853

**Entity Name:** FEDERAL-MOGUL PRODUCTS, INC.

**Current Principal Place of Business:**

27300 WEST ELEVEN MILE ROAD  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

27300 WEST ELEVEN MILE ROAD  
SOUTHFIELD, MI 48034 US

**FEI Number:** 43-1130207

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER, DIRECTOR  
Name            JACHCIK, DAVID  
Address        27300 WEST ELEVEN MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48034

Title            DIRECTOR, SENIOR VICE PRESIDENT  
Name            DESANTO, MARCO  
Address        27300 WEST ELEVEN MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48034

Title            SECRETARY  
Name            O'CONNOR, STEPHANIE  
Address        27300 WEST ELEVEN MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48034

Title            VP  
Name            MAIDEN, JANICE R.  
Address        27300 WEST ELEVEN MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48034

Title            VP, TAX  
Name            ERIKSEN, MATTHEW  
Address        27300 WEST ELEVEN MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48034

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID JACHCIK

**PRESIDENT**

**04/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date