

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002946 (1)**

1. Corporation Name
WAWD-EAP AUTOMOTIVE PRODUCTS, INC.

Principal Place of Business Mailing Address
1020 SPACE PARK SOUTH NASHVILLE TN 37222

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/06/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 40539 Encyclopedia Cir. 26 100 Double Beach Rd.

4. FFI Number **77-0316268** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 Fremont, CA 28 Branford, CT

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 94538 25 US 29 06405 30 US

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **DAVIS, IRA D**
STREET ADDRESS **1020 SPACE PARK SOUTH**
CITY - ST - ZIP **NASHVILLE TN 37222**

1.1 TITLE Change Addition
1.2 NAME **Randolph C. St. John**
1.3 STREET ADDRESS **1020 Space Park South**
1.4 CITY - ST - ZIP **Nashville, TN 37222**

TITLE **VSD**
NAME **LECKERLING, JON P**
STREET ADDRESS **100 DOUBLE BEACH ROAD**
CITY - ST - ZIP **BRANFORD CT 06405**

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

TITLE **T**
NAME **ONORATO, JOSEPH A**
STREET ADDRESS **100 DOUBLE BEACH ROAD**
CITY - ST - ZIP **BRANFORD CT 06405**

3.1 TITLE **V/T** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME **Wisot, Richard A.**
4.3 STREET ADDRESS **100 Double Beach Rd.**
4.4 CITY - ST - ZIP **Branford, CT 06405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME **Shaw, Fred**
5.3 STREET ADDRESS **916 West Maude Ave.**
5.4 CITY - ST - ZIP **Sunnyvale, CA 94086**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME **Toole, Edward D.**
6.3 STREET ADDRESS **100 Double Beach Rd.**
6.4 CITY - ST - ZIP **Branford, CT 06405**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joseph A. Onorato** 4/5/95 (203) 481-5751
Date (Typed Name)