

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F95000004667**

1. Corporation Name  
**BWD Automotive Corporation**

Principal Place of Business Mailing Address  
**11045 Gage Ave. 100 Double Beach Rd.**  
**Franklin Park, IL 60131 Branford, CT 06405**

3. Date Incorporated or Qualified **5/27/81** 3a. Date of Last Report  
4. FEI Number **06-1043482** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**CT Corporation System**  
**1200 S. Pine Island Road**  
**Plabtatton, FL 33324**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Print or type name of registered agent and title, if applicable) (Print Registered Agent's name and address, if required when reestablishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daley, Robert</b>	1.2 NAME	
STREET ADDRESS	<b>100 Double Beach Rd.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Branford, CT 06405</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V.P. &amp; Secretary</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leckerling, Jon P.</b>	2.2 NAME	
STREET ADDRESS	<b>100 Double Beach Rd.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Branford, CT 06405</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V.P.</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wisot, Richard A.</b>	3.2 NAME	
STREET ADDRESS	<b>100 Double Beach Rd.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Branford, CT 06405</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V.P. &amp; T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Onorato, Joseph A.</b>	4.2 NAME	
STREET ADDRESS	<b>100 Double Beach Rd.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Branford, CT 06405</b>	4.4 CITY - ST - ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'Connor, Charles W.</b>	5.2 NAME	
STREET ADDRESS	<b>100 Double Beach Rd.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Branford, CT 06405</b>	5.4 CITY - ST - ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shalagan, Edward C.</b>	6.2 NAME	
STREET ADDRESS	<b>100 Double Beach Rd.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Branford, CT 06405</b>	6.4 CITY - ST - ZIP	

**400001808834**  
**05/06/96--01031--003** Change  Addition  
**\*\*\*200.00**

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Joseph A. Onorato** **4/25/96 (203)481-5751**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expires (Print)

CR2E034 (12/95)

*[Handwritten mark]*