

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT #** *F95000004667*

1. Corporation Name  
**BWD Automotive Corporation**

|   |  |
|---|--|
| Principal Place of Business<br><b>11045 Gage Avenue<br/>Franklin Park, IL 60131</b> | Mailing Address<br><b>100 Double Beach Road<br/>Branford, CT 06405</b> |
|---|--|

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 State, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/27/81</b>  | 3a. Date of Last Report<br><b>04/25/96</b> |
| 4. FEI Number<br><b>06-1043482</b>  | Applied For<br>Not Applicable              |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>      |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>         |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| TITLE<br><b>P</b>                              | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Robert W. Daley</b>                 |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br><b>175 N. Branford Road</b>  |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>Branford, CT 06405</b>       |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>EVSD</b>                           | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Jon P. Leckerling</b>               |                                 | 2.2 NAME  |   |
| STREET ADDRESS<br><b>100 Double Beach Road</b> |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>Branford, CT 06405</b>       |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>V</b>                              | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>William Anderson</b>                |                                 | 3.2 NAME  |   |
| STREET ADDRESS<br><b>11045 Gage Avenue</b>     |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>Franklin Park, IL 60131</b>  |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>V</b>                              | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Bruce Tartaglione</b>               |                                 | 4.2 NAME  |   |
| STREET ADDRESS<br><b>11045 Gage Avenue</b>     |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>Franklin Park, IL 60131</b>  |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>VCFO</b>                           | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Joseph A. Onorato</b>               |                                 | 5.2 NAME  |   |
| STREET ADDRESS<br><b>100 Double Beach Road</b> |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>Branford, CT 06405</b>       |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>T</b>                              | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Edward C. Shalagan</b>              |                                 | 6.2 NAME  |   |
| STREET ADDRESS<br><b>100 Double Beach Road</b> |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>Branford, CT 06405</b>       |                                 | 6.4 CITY-ST-ZIP                                       |   |

500002161035  
-05/01/97--01004--022  
\*\*\*165.00

*Handwritten signature and date: JB 4/29/97*

14. I do 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.

SIGNATURE: *Joseph A. Onorato* **Joseph A. Onorato** April 25, 1997 (203)481-5751

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)