

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90286 002 *1,500.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000004667

1. Corporation Name
BWD AUTOMOTIVE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 11045 GAGE AVE.
 FRANKLIN PARK IL 60131

Mailing Address
 100 DOUBLE BEACH ROAD
 BRANFORD CT 06405

3. Date Incorporated or Qualified
09/25/1995

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 c/o 4500 Dorr St.
 27 Suite, Apt. #, etc.
 28 P.O. Box 1000
 29 City & State
 30 Toledo, OH
 31 Zip Country
 32 43697 USA

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	DALEY, ROBERT	
STREET ADDRESS	175 N. BRANFORD ROAD	
CITY-ST-ZIP	BRANFORD CT 06405	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LECKERLING, JON P	
STREET ADDRESS	100 DOUBLE BEACH RD	
CITY-ST-ZIP	BRANFORD CT 06405	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VIVIER, STEPHEN D	
STREET ADDRESS	100 DOUBLE BEACH RD	
CITY-ST-ZIP	BRANFORD CT 06405	
TITLE	VPCF	<input checked="" type="checkbox"/> DELETE
NAME	ONORATO, JOSEPH A	
STREET ADDRESS	100 DOUBLE BEACH RD	
CITY-ST-ZIP	BRANFORD CT 06405	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TARTAGLIONE, BRUCE	
STREET ADDRESS	11045 GAGE AVENUE	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHALAGAN, EDWARD C	
STREET ADDRESS	100 DOUBLE BEACH RD	
CITY-ST-ZIP	BRANFORD CT 06405	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VP/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Steven E. Keller		
2.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000		
2.4 CITY-ST-ZIP	Toledo, OH 43697		
3.1 TITLE	VP/T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	A. Glenn Paton		
3.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000		
3.4 CITY-ST-ZIP	Toledo, OH 43697		
4.1 TITLE	VP/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Thomas Madden		
4.3 STREET ADDRESS	100 Double Beach Road		
4.4 CITY-ST-ZIP	Branford, CT 06405		
5.1 TITLE	AT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Christopher J. Czarka		
5.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000		
5.4 CITY-ST-ZIP	Toledo, OH 43697		
6.1 TITLE	AT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Charles W. Hinde		
6.3 STREET ADDRESS	4500 Dorr St., P.O. Box 1000		
6.4 CITY-ST-ZIP	Toledo, OH 43697		

14. I 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, with all other like empowered.

SIGNATURE: Christopher J. Czarka Assistant Treasurer Date: 4/21/99

CR2E034 (11/98)