

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

05-06-1999 90286 002 \*1,500.00

DOCUMENT # P06160

1. Corporation Name

PACER INDUSTRIES, INC.



Principal Place of Business

ECHLIN INC.  
100 DOUBLE BEACH ROAD  
BRANFORD CT 06405

Mailing Address

ECHLIN INC.  
100 DOUBLE BEACH ROAD  
BRANFORD CT 06405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1985

4. FEI Number

06-1044104

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o 4500 Dorr St.

22 City & State

27 P.O. Box 1000

23 Zip

Country

28 City & State

29 Toledo, OH

24 Zip

25 Country

29 Zip

43697

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME DALEY, ROBERT  
STREET ADDRESS 175 N BRANFORD RD  
CITY-ST-ZIP BRANFORD CT

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SVPS ☒ DELETE  
NAME LECKERLING, JON P  
STREET ADDRESS 100 DOUBLE BEACH ROAD  
CITY-ST-ZIP BRANFORD CT

2.1 TITLE VP/S ☐ Change ☒ Addition  
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

TITLE T ☒ DELETE  
NAME SHALAGAN, EDWARD C.  
STREET ADDRESS 100 DOUBLE BEACH ROAD  
CITY-ST-ZIP BRANFORD CT

3.1 TITLE VP/T ☐ Change ☒ Addition  
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

TITLE ATT ☐ DELETE  
NAME VIVIER, STEPHEN D.  
STREET ADDRESS 100 DOUBLE BEACH RD  
CITY-ST-ZIP BRANFORD CT 06405

4.1 TITLE VP/D ☒ Change ☐ Addition  
4.2 NAME Thomas Madden  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SVPC ☒ DELETE  
NAME ONORATO, JOSEPH  
STREET ADDRESS 100 DOUBLE BEACH ROAD  
CITY-ST-ZIP BRANFORD CT

5.1 TITLE AT ☐ Change ☒ Addition  
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

TITLE VPAS ☒ DELETE  
NAME TOOLE, EDWARD D. JR.  
STREET ADDRESS 100 DOUBLE BEACH ROAD  
CITY-ST-ZIP BRANFORD CT

6.1 TITLE AT ☐ Change ☒ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Czarka  
Assistant Treasurer

Date

Daytime Phone #

4/21/99

CR2E034 (1/98)