

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90054 033 \*\*\*550.00

**DOCUMENT # P06160**

1. Entity Name

**PACER INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

ECHLIN INC.  
 100 DOUBLE BEACH ROAD  
 BRANFORD CT 06405

ECHLIN INC.  
~~100 DOUBLE BEACH ROAD~~  
~~BRANFORD CT 06405 4999~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Cl. 4500 Dorr St.

P.O. Box 1000

TOLEDO, OH.

43697

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1044104

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, ROBERT	NAME	
STREET ADDRESS	175 N BRANFORD RD	STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, STEVEN R	NAME	
STREET ADDRESS	4500 DORR ST./ P.O. BOX 1000	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43697	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATON, A. GLENN	NAME	
STREET ADDRESS	4500 DORR ST/ P.O. BOX 1000	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43697	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, THOMAS	NAME	
STREET ADDRESS	100 DOUBLE BEACH RD	STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT 06405	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZARKA, CHRISTOPHER J	NAME	
STREET ADDRESS	4500 DORR ST/ P.O. BOX 1000	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43697	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDE, CHARLES W	NAME	
STREET ADDRESS	4500 DORR ST. P.O. BOX 1000	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO FL 43697	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 15:034 (9/99)