Filing Fee: \$75.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

The name of the corporation is Tenneco Automotive Inc.					
The name of the corporation is Talmaco Automotive The.					
A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on $\frac{8/15}{2}$, $\frac{89}{2}$, authorizing it to transact business in Rhode Island under the name of					
Tenneco Automotive Inc.					
The corporate name of the comment is to a large to the comment in t					
The corporate name of the corporation has been changed to					
Tenneco Automotive Operating Company Inc.					
(If no change, so indicate)					
The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company, "incorporated," or "limited" (or an abbreviation thereof), then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business Rhode Island as stated in the "Fictitious Business Name Statement" be filed with this Application:					
The corporation desires to pursue in the transaction of business in Rhode Island other or additional purpose than those set forth in its prior Application for a Certificate of Authority, as follows:					
(If no other or additional purposes are proposed, insert "No Change.")					
No Change					

Form No. 28A Revised 4/98

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6	If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (If there has been no increase in shares, insert "no change"):						
		al Number of horized Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement to Shares are without Par V	hat /alue	
	No	Change				•	
7.	(a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 562,282,028						
	(b)	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0					
	(c)	corporation to	de located within this	State during the follow	n that the estimated value of the property ving year bears to the value of all property located 0.00% (divide (b) by (a) and a		
8.	(a)	An estimate of \$ 1,300,000,	the gross amount of b	ousiness to be transact	ted by the corporation during the following	year is	
	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$2,300,000						
	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year 0.18% % [divide (b) by (a) and multiply by 100 to obtain the percentage].						
9.	Exce	ept as herein mo eby confirmed, ra	odified, the original App atified and incorporated	lication for Certificate of by reference into this a	of Authority continues in full force and effect Application for Amended Certificate of Autho	and is rity.	
Date	ed 🔨	Jovember 15	(, 19 <u>99</u>		otive Operating Company Inc. porate Name of Corporation Making Application		
			FILED	By Presid	0		
			NOV 1 8 1999 -900 2339	^	y R. Donovan AND	···· ··	
	TE C JNTY	OF Illinois		Anne Fru	etary or 🔯 Assistant Secretary (check	one)	
hefo	in <u>La</u>	ake_Forest	Donovan this 15th	_ day of <u>Nover</u>	fficer of the corporation, who, under oath, v	peared	
hat	the i	nformation conta	ained in this Application	is true and accurate.	Brew March		
,			"OFFICIAL SE BONNIE E. HEA(Notary Public, State of My Commission Expires Jai	COCK of Illinois	Notary Public My Commission Expires: 1/22/200	2	