RECD S.E.C.

FORM D

03016878

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

MAR 1 8 2003

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3235-0076 OMB Number:

Expires: May 31, 2005

Estimated average burden hours per response 16.00

FORM D

Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE ONLY Serial UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Tecumseh Products Company 4.66% Note Offering Guarantee	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULO Type of Filing: Amendment	E WAR 2003
A. BASIC IDENTIFICATION DATA	187/89
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) **See Annex A for listing of Joint and Several Guarantee Issuers	
Address of Executive Offices (Number and Street, City, State, Zip Code) Teleph	one Number (Including Area Code)
100 East Patterson Street, Tecumseh, MI 49286 (517) 4	123-8542
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	one Number (Including Area Code)
Brief Description of Business	
Manufacture of Pumps, compressors and both electric and small gasoline engiunes	PROCESSED
Type of Business Organization corporation limited partnership, already formed other (please speci	
Month Year	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Actual Estimated	SEE ANNEX A
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	ATTACHED HERETO
CN for Canada; FN for other foreign jurisdiction)	ATTACHED HERETO

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Todd W. Herrick Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Daryl P. McDonald Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Tecumseh Investments, Irc.

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information req	uested for the follow	ving:			
 Each promoter of the 	he issuer, if the issu	uer has been organized w	ithin the past five years;		
Each beneficial own	ner having the powe	er to vote or dispose, or dir	ect the vote or disposition of	of, 10% or more of	a class of equity securities of the issuer
• Each executive off	icer and director o	of corporate issuers and o	of corporate general and n	nanaging partners	of partnership issuers; and
		f partnership issuers.			•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Todd W. Herrick Full Name (Last name first, i	f individual)				
		0000			
100 East Patterson Street, Tec Business or Residence Addre			nde)		
		, , , , , , , , , , , , , , , , , , , ,	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
David W. Kay Full Name (Last name first, i	f individual)	<u> </u>	<u> </u>		
•					
Business or Residence Addre			· · · · · · · · · · · · · · · · · · ·		
Business of Residence Additi	ess (Number and S	greet, City, State, Zip Ct	oue)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Daryl P. McDonald	· · · · · · · · · · · · · · · · · · ·	. —.	·		
Full Name (Last name first, i					
100 East Patterson Street, Tech			.4.		
Business or Residence Addre	ess (Number and 5	street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Rodney Metzger	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
100 East Patterson Street, Tech	umseh, Michigan 49	9286			
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	<u>. </u>			
					
Business or Residence Addre	ess (Number and S	street, City, State, Zip Co	ode)		

Tecumseln Compressor Company

			A. BASIC IDE	VTIF	ICATION DATA				
2. Enter the information requ	ested for the follow	ing:							
Each promoter of th	e issuer, if the issu	ier has	been organized wit	hin th	ne past five years;				
Each beneficial owner	er having the power	r to vote	e or dispose, or dire	ct the	vote or disposition o	f, 109	or more of	a class	s of equity securities of the issuer.
• Each executive offi	cer and director o	f corpo	rate issuers and of	corp	orate general and m	anagi	ng partners	of par	rtnership issuers; and
 Each general and m 	anaging partner of	f partne	ership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner	×	Executive Officer	\boxtimes	Director		General and/or
Todd W. Herrick									Managing Partner
Full Name (Last name first, if	individual)								·———————————
100 East Patterson Street, Tecu		286							
Business or Residence Addre			City, State, Zip Coo	ie)			 -		
				•					
Check Box(es) that Apply:	Promoter		Beneficial Owner	×	Executive Officer	\boxtimes	Director		General and/or Managing Partner
David W. Kay Full Name (Last name first, if	individual)								
100 East Patterson Street, Tecu			21. 0	1.1					
Business or Residence Addre	ss (Number and S	treet, C	City, State, Zip Coo	ie)					
Check Box(es) that Apply:	Promoter	I	Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Daryl P. McDonald			·						
Full Name (Last name first, if	individual)								
100 East Patterson Street, Tecu			·						
Business or Residence Addre	ss (Number and S	treet, C	City, State, Zip Coo	le)					
									
Check Box(es) that Apply:	Promoter	1	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addre	ss (Number and S	treet, C	City, State, Zip Coo	le)		·			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addre	ess (Number and S	treet, C	City, State, Zip Coo	le)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addre	ess (Number and S	treet, C	City, State, Zip Coo	le)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)					· -			
Business or Residence Addre	ess (Number and S	treet, C	City, State, Zip Coo	le)					
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Douglas Holdings, Inc.

					A. BASIC IDE	NTIF	ICATION DATA				
2. Enter the inform	-			-			_				
-					s been organized wi		-				
 Each bene 	ficial own	er havii	ng the powe	er to vo	ote or dispose, or dire	ect the	vote or disposition of	f, 109	6 or more o	f a class	s of equity securities of the issuer
• Each exec	cutive off	icer and	d director (of corp	oorate issuers and o	f corp	orate general and n	nanagi	ing partner	s of pa	rtnership issuers; and
• Each gene	eral and n	nanagin	g partner o	of parti	nership issuers.						
Check Box(es) that	Apply:		Promoter		Beneficial Owner	X	Executive Officer	×	Director		General and/or Managing Partner
Todd W. Herrick											Wanaging Larmer
Full Name (Last na	me first, i	f indivi	dual)		\						
100 East Patterson S	Street, Tec	umseh,	Michigan 4	9286	j		•				
Business or Reside	nce Addr	ess (Nu	mber and	Street,	City, State, Zip Co	de)					
Check Box(es) that	Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
David W. Kay Full Name (Last na	me first i	findivi	dual)								
Business or Reside					City State Zin Co	da)					
Business of Reside	nce Addr	ess (Nu	imber and s	Sireei,	City, State, Zip Co	ide)					
Check Box(es) that	Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Daryl P. McDonald Full Name (Last na	mo first i	f indivi	dual								
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100 East Patterson S					City, State, Zip Co	de)					
Dusiness of Reside	iice Addi	C35 (140	illioci aliu i	Sircei,	City, State, Zip Co	uc)					
Check Box(es) that	Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last na	me first, i	if indivi	idual)								
Business or Reside	nce Addr	ess (Nu	imber and	Street,	City, State, Zip Co	de)		•			
Check Box(es) that	Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last na	me first,	if indiv	idual)								
Business or Reside	nce Addr	ess (Nu	mber and	Street,	City, State, Zip Co	de)					
Check Box(es) that	Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last na	me first,	if indiv	idual)								
Business or Reside	nce Addi	ress (Nu	ımber and	Street,	, City, State, Zip Co	ode)					
Check Box(es) that	Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last na	me first,	if indiv	idual)								
Business or Reside	nce Addi	ress (Ni	umber and	Street,	, City, State, Zip Co	ode)			· · ·		
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Tecumseh Power Company

2. Enter the information req	uested for the follow	ving:		<u></u>	The second secon	<u> </u>			<u></u>
Each promoter of the second control of		-	been organized wi	thin th	ne past five years:				
•			•		•	f 10%	6 or more o	fa clas	s of equity securities of the issuer
			_		-				rtnership issuers; and
Each general and n		-		. .	Solution and in		ng partner	or pu	inoromp issuers, and
Check Box(es) that Apply:	Promoter	ı	Beneficial Owner	\boxtimes	Executive Officer	×	Director		General and/or Managing Partner
Todd W. Herrick Full Name (Last name first, i	f individual)								· · · · · · · · · · · · · · · · · · ·
100 East Patterson Street, Tech	,	0286							
Business or Residence Addre			City, State, Zip Co	de)	 .				
Check Box(es) that Apply: David W. Kay	Promoter		Beneficial Owner	×	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
100 East Patterson Street, Tech	umseh. Michigan 4	9286							
Business or Residence Addre			City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Daryl P. McDonald									· · · · · · · · · · · · · · · · · · ·
Full Name (Last name first, i									·
100 East Patterson Street, Tech			Sin. Sent. 3:- C-	4-1					
Business or Residence Addre	ess (Number and S	street, C	city, State, Zip Co	ae)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, in	f individual)		· · · · · · · · · · · · · · · · · · ·						······································
Business or Residence Addre	ess (Number and S	Street, C	City, State, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	f individual)					- 1			
Business or Residence Addre	ess (Number and S	Street, C	City, State, Zip Co	de)	<u></u>				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	f individual)	<u>-</u>			<u>·</u>				
Business or Residence Addre	ess (Number and S	treet, C	City, State, Zip Co	de)				-	
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	f individual)								
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Vitrus, Incorporated

	'A, BASIC IDE	NTIFICATION DATA		
2. Enter the information requested for the following	llowing:			
• Each promoter of the issuer, if the	issuer has been organized wi	thin the past five years;		
Each beneficial owner having the po	ower to vote or dispose, or dire	ect the vote or disposition o	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director		="		• •
Each general and managing partner		· · · · · · · · · · · · · · · · ·	88 r	(
Check Box(es) that Apply: Promotes		Executive Officer	Director	General and/or
	<u> </u>	Ŋ	6	Managing Partner
Todd W. Herrick Full Name (Last name first, if individual)				
	- 40297			
100 East Patterson Street, Tecumseh, Michiga Business or Residence Address (Number an		de)		
•		,		
Check Box(es) that Apply: Promoter	r Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
David W. Kay				
Full Name (Last name first, if individual)	•			
100 East Patterson Street, Tecumseh, Michigan				
Business or Residence Address (Number an	d Street, City, State, Zip Co.	de)		
Check Box(es) that Apply: Promotes	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Daryl P. McDonald	·			
Full Name (Last name first, if individual)				
100 East Patterson Street, Tecumseh, Michigan Business or Residence Address (Number an		da)		
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Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	d Street, City, State, Zip Coo	de)		· · · · · · · · · · · · · · · · · · ·
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Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		_ 		
Business or Residence Address (Number and	d Street, City, State, Zip Coo	de)		
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Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and	d Street, City, State, Zip Coo	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and	d Street, City, State, Zip Coo	de)		
		1111		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Evergy, Inc.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Todd W. Herrick Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Daryl P. McDonald Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Trenton Division, Inc.

					A. BASIC IDE	NTIF	ICATION DATA				
2. Enter the info	-										
-					s been organized wi		•			_	
			-				-				s of equity securities of the issuer.
						f corp	oorate general and n	nanag	ng partner	s of par	rtnership issuers; and
• Each ge	neral and n	nanagir	ng partner c	r parti	nership issuers.						
Check Box(es) tha	t Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last n	ame first, i	f indiv	idual)								
Business or Resid					City, State, Zip Co	de)					
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Check Box(es) tha	и Арріу:		Promoter	L	Beneficial Owner	X	Executive Officer	\boxtimes	Director	لـا	General and/or Managing Partner
David W. Kay Full Name (Last n	ame first, i	f indiv	idual)								
100 East Patterson	•		,	9286						٠.	
					City, State, Zip Co	de)					
Check Box(es) that	t Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or
Daryl P. McDonal	i										Managing Partner
Full Name (Last n	ame first, i	f indiv	idual)								
100 East Patterson											
Business or Resid	ence Addre	ess (Ni	imber and S	Street,	City, State, Zip Co	de)					
Check Box(es) tha	t Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last n	ame first, i	f indiv	idual)								
Business or Resid	ence Addre	ess (Nu	imber and S	Street,	City, State, Zip Co	de)					
Check Box(es) that	t Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last n	ame first, i	findiv	idual)								
Business or Resid	ence Addre	ess (Nu	imber and S	Street,	City, State, Zip Coo	de)					
Check Box(es) that	t Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last n	ame first, i	f indivi	idual)								
Business or Resid	ence Addre	ess (Ni	imber and S	Street,	City, State, Zip Co	de)					· · · · · · · · · · · · · · · · · · ·
Check Box(es) that	t Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last n	ame first, i	f indiv	idual)							············	
Business or Resid	ence Addre	ess (Nu	imber and S	street,	City, State, Zip Co	de)					

Tecumseln Pump Company

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information req	uested for the follow	ving:			
 Each promoter of the 	he issuer, if the issu	ier has been organized w	vithin the past five years;		
 Each beneficial owr 	er having the powe	r to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
 Each executive off 	icer and director o	f corporate issuers and	of corporate general and	managing partners	of partnership issuers; and
 Each general and n 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Todd W. Herrick Full Name (Last name first, i	f individual)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
100 East Patterson Street, Tec					
Business or Residence Addr	ess (Number and S	street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
David W. Kay Full Name (Last name first, i	f individual)				
100 East Patterson Street, Tec	umseh. Michigan 49	9286			
Business or Residence Address			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Daryl P. McDonald		,			·
Full Name (Last name first, i		2004			
Business or Residence Address			ode)		· · · · · · · · · · · · · · · · · · ·
business of residence radio	oso (i vamboi ana o		<i>5</i> 		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	treet, City. State. Zin Co	ode)		
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	Mar.				dienijak 15. julija 20. julija	A. BASIC IDE	NTH	TCATION DATA			mikama Marka	
2. 1	Enter the in	nformation red	quested	for the follow	ving:							
•	 Each 	promoter of	the issu	er, if the iss	uer ha	s been organized wi	thin t	he past five years;				
•	• Each	beneficial ow	ner hav	ing the powe	er to vo	ote or dispose, or dire	ect the	vote or disposition	of, 109	% or more o	f a clas	s of equity securities of the issuer.
•	 Each 	executive of	ficer a	nd director (of corp	orate issuers and o	f corp	oorate general and	managi	ing partner	s of pa	rtnership issuers; and
•	Each	general and	managi	ng partner o	of part	nership issuers.						
Check	k Box(es)	that Apply:		Promoter		Beneficial Owner	×	Executive Officer	×	Director		General and/or Managing Partner
	W. Herric Name (Las	k st name first,	if indiv	vidual)		· · · · · · · · · · · · · · · · · · ·						
		on Street, Te										
Busin	ness or Re	sidence Add	ress (N	umber and	Street,	City, State, Zip Co	de)					
		that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
	i W. Kay Name (Las	st name first,	if indiv	vidual)								
100 E	East Patters	on Street, Te	cumseh	, Michigan 4	9286							
Busin	iess or Re	sidence Add	ress (N	umber and	Street,	City, State, Zip Co	de)					
Check	k Box(es)	that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
	P. McDo											
		st name first,										
		on Street, Te				City, State, Zip Co	da)					<u></u>
Dusni	iess of Ke	sidelice Add	1622 (14	umper and s	oncei,	City, State, Zip Co	uc)					
Checl	k Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	Image: section of the content of the	General and/or Managing Partner
Full N	Name (Las	st name first,	if indiv	vidual)								
Busin	iess or Re	sidence Add	ress (N	umber and	Street,	City, State, Zip Co	de)			· · · · · · · · · · · · · · · · · · ·		*,
Check	k Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full 1	Name (La	st name first,	if indiv	vidual)								
Busin	ness or Re	sidence Add	ress (N	umber and	Street,	City, State, Zip Co	de)					
Check	k Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	Name (Las	st name first,	if indiv	vidual)								
Busin	ness or Re	sidence Add	ress (N	umber and	Street,	City, State, Zip Co	de)	·				
Chec	k Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full 1	Name (La	st name first,	if indi	vidual)								
Busir	ness or Re	sidence Add	ress (N	lumber and	Street,	City, State, Zip Co	de)					

Manufacturing Data Systems, Inc.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	equested for the follo	wing:			
 Each promoter of 	the issuer, if the iss	uer has been organized w	ithin the past five years;		
 Each beneficial ov 	vner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer
 Each executive o 	fficer and director	of corporate issuers and	of corporate general and r	nanaging partners	s of partnership issuers; and
 Each general and 	managing partner of	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	∑ Director	General and/or Managing Partner
Todd W. Herrick Full Name (Last name first.	, if individual)	\ \		-	
100 East Patterson Street, Te Business or Residence Add			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
David W. Kay Full Name (Last name first,	, if individual)				
100 East Patterson Street, Te	ecumseh. Michigan 4	.9286			
Business or Residence Add			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Daryl P. McDonald	161-41-13			· · · · · · · · · · · · · · · · · · ·	
Full Name (Last name first,	•	0207			
100 East Patterson Street, Te Business or Residence Add			nde)		· · · · · · · · · · · · · · · · · · ·
business of Residence / tag	ness (rumber and c	on cot, only, blate, hip co	,40,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	:			
Business or Residence Add	lress (Number and S	Street, City, State, Zip Co	ode)	······································	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	lress (Number and S	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and S	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and S	Street, City, State, Zip Co	ode)	<u> </u>	

Douglas Products, Inc.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Todd W. Herrick Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Daryl P. McDonald Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Little Giant Pump Company

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Todd W. Herrick Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Daryl P. McDonald Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Norman Heidebrecht Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Director Beneficial Owner Executive Officer General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Convergent Technologies International, Inc.

	Landin desid					A. BASIC IDE	NTIF	ICATION DATA				
2.	Enter the	information s	equeste	d for the follo	wing:							
	• Each	n promoter o	f the iss	suer, if the is	suer ha	s been organized wi	thin tl	ne past five years;				
	 Each 	beneficial o	wner ha	ving the pow	er to v	ote or dispose, or dire	ect the	vote or disposition of	of, 109	% or more o	f a clas	s of equity securities of the issuer.
	• Eacl	n executive (officer	and director	of cor	porate issuers and o	f corp	orate general and n	nanagi	ing partner	s of pa	rtnership issuers; and
	• Eacl	n general and	i mana;	ging partner	of part	nership issuers.						
Che	eck Box(es) that Apply:		Promoter		Beneficial Owner	×	Executive Officer	\boxtimes	Director		General and/or Managing Partner
_	ld W. Herr I Name (L.	ck ist name firs	t, if ind	ividual)		· ·						
				h, Michigan								
Bus	iness or R	esidence Ad	dress (Number and	Street,	, City, State, Zip Co	de)					
Che	ck Box(es) that Apply:		Promoter		Beneficial Owner	×	Executive Officer	\boxtimes	Director		General and/or Managing Partner
	id W. Kay	ist name firs	t if ind	ividual)								
	`			-								
				h, Michigan		City, State, Zip Co	de)	· ··-				
Dus	iliess of K	esidelice Ad	urcss (Number and	Sireet,	City, State, Zip Co	uc)					
Che	ck Box(es	that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer	×	Director		General and/or Managing Partner
	yl P. McDo				·							
		st name firs										
				h, Michigan		City, State, Zip Co	do)					
Dus.	IIIC33 OI K	esidence Ad	uicss (i	Number and	Sircet,	City, State, 21p Co						
Che	ck Box(es	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (La	st name first	, if ind	ividual)								
Busi	iness or R	esidence Ad	dress (l	Number and	Street,	City, State, Zip Co	de)					
Che	ck Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (La	st name first	, if ind	ividual)								
Ruci	iness or D	acidanca Ad	dress ()	Number and	Street	City, State, Zip Co	de)					· · · · · · · · · · · · · · · · · · ·
Dusi	iness of V	esidelice Ad	uress (1	Number and	Succi,	City, State, Zip Co	ue)					
Che	ck Box(es)	that Apply:	С	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (La	st name first	, if ind	ividual)						,	••.	<u>, , , , , , , , , , , , , , , , , , , </u>
Busi	iness or R	esidence Ad	dress (1	Number and	Street,	City, State, Zip Co	de)					
Chec	ck Box(es)	that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (La	st name first	, if ind	ividual)				· · · · · · · · · · · · · · · · · · ·		<u></u>		
		-11		VT	C+	O'tra Cr. Tal.	1.5			-		
Busi	iness or R	esidence Ad	uress (i	number and	oureet,	City, State, Zip Co	ue)					

Euromotor, Inc.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer General and/or Check Box(es) that Apply: Beneficial Owner □ Director Promoter Managing Partner Todd W. Herrick Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Daryl P. McDonald Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter □ Director Managing Partner Rodney Metzger Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Fasco Industries, Inc.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Brinkley Motor Products Company

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Director General and/or Check Box(es) that Apply: Beneficial Owner Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

ECM Motor Company

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer □ Director General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Von Weise Gear Company

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner David W. Kay Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) 100 East Patterson Street, Tecumseh, Michigan 49286 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Faton Technologies, Inc.

		A. BASIC IDI	ENTIFICATION DATA			
2. Enter the information rec	quested for the follow	ving:				
 Each promoter of t 	he issuer, if the issu	ier has been organized w	thin the past five years;			•
 Each beneficial ow 	ner having the powe	r to vote or dispose, or dir	ect the vote or disposition o	f, 10% or more of	a class of	equity securities of the issuer.
 Each executive of 	ficer and director o	f corporate issuers and o	of corporate general and m	anaging partners	of partne	rship issuers; and
 Each general and 	managing partner o	f partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or anaging Partner
David W. Kay Full Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·		"	
100 East Patterson Street, Te					·	
Business or Residence Add	ress (Number and S	treet, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or anaging Partner
Full Name (Last name first,	if individual)					<u></u>
100 East Patterson Street, Tee	cumseh, Michigan 49	9286				
Business or Residence Add	ress (Number and S	treet, City, State, Zip Co	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	1	neral and/or anaging Partner
Full Name (Last name first,	if individual)					
Business or Residence Add	ress (Number and S	treet, City, State, Zip Co	de)			
						· .
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or anaging Partner
Full Name (Last name first,	if individual)		<u> </u>			
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·		
	•		i.			<u>. </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or anaging Partner
Full Name (Last name first,	if individual)		<u> </u>			
,						
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Co	de)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or anaging Partner
Full Name (Last name first,	f individual)				***	
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Co	de)			
	· · · · · · · · · · · · · · · · · · ·				··· <u>-</u> .	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or anaging Partner
Full Name (Last name first,	f individual)					
<u></u>				·		
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Co	de)			
						•

Tecumseln Canada Holding Company

		A. BASIC II	DENTIFICATION DATA		
2. Enter the information requ	uested for the follow	ving:			
 Each promoter of the 	ne issuer, if the issu	uer has been organized v	within the past five years;		
Each beneficial own	er having the powe	r to vote or dispose, or d	lirect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
• Each executive off	icer and director o	of corporate issuers and	of corporate general and	managing partners	of partnership issuers; and
		f partnership issuers.	1 0	0 01	•
Check Box(es) that Apply:	Promoter	Beneficial Owner	r 🔀 Executive Officer	Director	General and/or Managing Partner
Todd W. Herrick Full Name (Last name first, i	f individual)	Λ.			
100 East Patterson Street, Tec Business or Residence Addre			ode)		
Dashess of Residence Hadis	ess (.vamber and b	racei, city, biate, 21p c	2000)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	T Executive Officer	Director	General and/or Managing Partner
David W. Kay					
Full Name (Last name first, i	f individual)				
100 East Patterson Street, Tech					
Business or Residence Addre	ess (Number and S	treet, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Daryl P. McDonald Full Name (Last name first, i	f individual)				
	·	2206			
Business or Residence Addre			Code)		
			,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip C	Code)		
					<u></u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
			<u></u>		
Business or Residence Addre	ess (Number and S	treet, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
				<u> </u>	
Business or Residence Addre	ess (Number and S	treet, City, State, Zip C	Code)		

				B. INF	ORMATI	ON ABOU	T OFFER	UNG				
1 Uas th	e issuer sol	d or does t	ha issuar i	ntand to se	all to non	aaaraditad	invastors	in this off	reina?		Yes	No No
1. Has in	ie issuer son	u, or does t										\boxtimes
2 Whee						, Column 2	_				,	00,000.
2. What i	s the minim	ium investr	nent that w	ill be acce	eptea trom	any indivi	duai?		• • • • • • • • • • • • • • • • • • • •		\$ <u>00</u>	
3. Does t	he offering	permit join	t ownershi	p of a sing	le unit?						Yes	No ⊠
	he informat						-		-			
	ssion or simi				-					_		
or state	es, list the na	me of the b	roker or de	aler. If mo	re than five	e (5) persor	s to be list	ed are asso				
	er or dealer,			informatio	on for that	broker or o	lealer only	·				
	(Last name	first, if indi	ividual)									
Tim McGani	Residence.	Address (N	(umbar and	Street Cit	tu Stata 7	'in Codo'		·				
					ty, State, Z	np Code)						
	Plaza, 1L-070 ssociated Br			. 60670					······································			
	pital Markets											
	hich Person		Solicited	or Intends	to Solicit	Purchasers						
(Checl	"All States	" or check i	individual	States)							. 🔲 Ali	l States
AL	AK	AZ	AR	₩	SØ	ST	DE	DC	FL	GA	НІ	ID
W	1	-	KS	KY	LA	ME	MD	MA	W/	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	Q/A	ОК	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	TWAT	WV	WI	WY	PR
Full Name	(Last name	first, if indi	vidual)									
Rusiness or	Residence	Address (N	Jumber and	Street Ci	ity State '	Zin Code)						
Dusiness of	Residence	Address (F	dinoci and	i Sircei, Ci	ity, State, 2	sip Couc)						
Name of A	ssociated Br	oker or Dea	aler									
O	": L D	7	C 11 1 1		. 0.11.14							
	hich Person											
(Checi	"All States	" or check	individual	States)								1 (3.)
AL						•••••			•••••		. [Al	l States
	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	Al.	I States
IL	IN	AZ IA	AR KS	CA KY								
IL MT					CO	СТ	DE	DC	FL	GA	HI	ID
	IN	IA	KS	KY	CO	CT ME	DE MD	DC MA	FL MI	GA MN	HI	ID MO
MT RI	IN NE	IA NV SD	KS NH TN	KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO
MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO
MT RI Full Name	IN NE SC	IA NV SD	KS NH TN vidual)	KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO
RI Full Name Business or	IN NE SC (Last name i	IA NV SD first, if indi Address (N	KS NH TN vidual)	KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO
MT RI Full Name Business or	IN NE SC (Last name in the second	IA NV SD First, if indi Address (Notes or Dea	KS NH TN vidual)	KY NJ TX	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO
Full Name Business or Name of As	IN NE SC (Last name in the second	IA NV SD First, if indi Address (Noter or Dea	KS NH TN vidual) lumber and	KY NJ TX Street, Ci	CO LA NM UT ty, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name Business or Name of As States in W (Check	IN NE SC (Last name in the second	IA NV SD First, if indi Address (Noter or Deadless) Listed Hase " or check to the control of the control	KS NH TN vidual) Jumber and aler Solicited individual	KY NJ TX Street, Ci or Intends States)	CO LA NM UT ty, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name Business of Astronomy (Check AL)	IN NE SC (Last name is residence in the person in the p	IA NV SD First, if indi Address (Noter or Deal) Listed Has " or check	KS NH TN vidual) Jumber and aler Solicited individual AR	KY NJ TX Street, Ci or Intends States)	CO LA NM UT ty, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name Business or Name of As States in W (Check	IN NE SC (Last name is sociated Brokenich Person is "All States AK IN	IA NV SD First, if indi Address (Noter or Deal) Listed Has or check AZ IA	KS NH TN vidual) lumber and aler s Solicited individual AR KS	KY NJ TX Street, Ci or Intends States) CA KY	CO LA NM UT ty, State, 2	CT ME NY VT Zip Code) Purchasers CT ME	DE MD DE MD	DC MA ND WA	FL MI	GA MN OK WI	HI MS OR WY AI	ID MO PA PR I States ID MO
Full Name Business of Astronomy (Check AL)	IN NE SC (Last name is residence in the person in the p	IA NV SD First, if indi Address (Noter or Deal) Listed Has " or check	KS NH TN vidual) Jumber and aler Solicited individual AR	KY NJ TX Street, Ci or Intends States)	CO LA NM UT ty, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		•	
	Debt		\$
	Equity		\$
	Common Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$
	Other (Specify Upstream Guarantee)	300,000,000.00	\$ 300,000,000.00
	Total\$	300,000,000.00	\$_300,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	·	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	·	\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		_ \$
	Regulation A		_ \$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ 0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	=	\$ 0.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$ 0.00
		_	
	Total		\$ 0.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C—Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$ 300,000,000.00 5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above. Payments to Officers, Directors, & Payments to Affiliates Others Salaries and fees Purchase, rental or leasing and installation of machinery Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) ______ \$_____\$ Other (specify): 0.00 Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Date Issuer (Print or Type) Signatuh Joint and Several Guarantee Issuerslisted on Annex A March . 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Vice President of Each of the Joint and Several Issuers David W. Kay

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE				
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?		-		Yes	No
	See A	Appendix, Column 5, for state re	esponse.			
2.	The undersigned issuer hereby undertakes to fundamental D (17 CFR 239.500) at such times as required	<u>₹</u>	of any state in w	hich this notice is fi	led a not	ice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	o furnish to the state administra	tors, upon writte	en request, informat	ion furni	ished by the
4.	The undersigned issuer represents that the is limited Offering Exemption (ULOE) of the s of this exemption has the burden of establish	state in which this notice is filed	l and understand:			
	er has read this notification and knows the contection and knows the contection.	ents to be true and has duly caus	ed this notice to b	be signed on its behal	lf by the	undersigned
Issuer (I	Print or Type)	Signature	/_	Date	-	
Joint and	Several Guarantee Issuerslisted on Annex A	I had WO	ax	March , 2003	_	
Name (F	Print or Type)	Title (Print or Type)				

Vice President of Each of the Joint and Several Issuers

Instruction:

David W. Kay

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Type of security and aggregate to non-accredited investors in State (Part B-Item 1)					APPI	ENDIX				
State Yes No	1	Intend to non-a investor	to sell ccredited s in State	Type of security and aggregate offering price offered in state	Type of investor and amount purchased in State				Disquali under Sta (if yes, explana waiver	fication ate ULOE attach ation of granted)
AK AZ AR CA	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No
AZ AR CA	AL									
AR X Note Guarantee 1 \$25,000.00 \$0.00 X CO X Note Guarantee 2 \$20,000,000 \$0.00 X CT X Note Guarantee 2 \$12,000,000 \$0.00 X DE DC ID ID </td <td>AK</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	AK									
CA X Note Guarantee 1 \$25,000.00 \$0.00 X CO X Note Guarantee 2 \$20,000,000.00 \$0.00 X CT X Note Guarantee 2 \$12,000,000.00 \$0.00 X DE DC ID ID <t< td=""><td>AZ</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	AZ									
CO	AR									
CT	CA		×	Note Guarantee	1	\$25,000.00	***************************************	\$0.00		×
DE	СО		×	Note Guarantee	2			\$0.00		×
DC FL GA SA HI SA ID SA IL Note Guarantee SA SS,000,000.00 SA IN Note Guarantee SA SS,000,000.00 SA IA Note Guarantee SA SIS,000,000.00 SA KS SA KY SA LA SA ME SA MD SA MA Note Guarantee SA SA SA MI Note Guarantee SA Issuer's state of organization SA MN SA	СТ		X	Note Guarantee	2			\$0.00		X
FL GA HI ID IL X Note Guarantee 5 \$50,000,000.0 \$0.00 IN X Note Guarantee 3 \$15,000,000.0 \$0.00 KS \$15,000,000.0 KY \$15,000,000.0 LA \$15,000,000.0 ME \$15,000,000.0 MD \$15,000,000.0 MA X Note Guarantee 3 \$20,000,000.0 \$0.00 MI X Note Guarantee \$15suer's state of organization \$0.00 MN \$0.00	DE									
GA	DC									
HI	FL									
ID	GA									
IL X Note Guarantee \$ \$60,000,000.00 \$0.00 X IN X Note Guarantee 3 \$9,000,000.00 \$0.00 X IA X Note Guarantee 3 \$15,000,000. \$0.00 X KS IA X Note Guarantee 3 \$15,000,000. \$0.00 X KY IA IA </td <td>ні</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ні									
Note Guarantee	ID									
IA	IL		X	Note Guarantee	5		••••	\$0.00		×
KS	IN		X	Note Guarantee	3			\$0.00		×
KY LA LA S20,000,000 MA Note Guarantee MI Note Guarantee Issuer's state of organization \$0.00 MN \$0.00	IA		X	Note Guarantee	. 3			\$0.00		X
LA ME MD S20,000,000 on organization MA Note Guarantee 3 \$20,000,000 on organization \$0.00 MI Note Guarantee Issuer's state of organization \$0.00 MN \$0.00 \$0.00	KS									
ME MD MD S0.00 MA Note Guarantee 3 \$20,000,000. 000 00 \$0.00 MI Note Guarantee Issuer's state of organization \$0.00 MN \$0.00	KY									
MD S20,000,000. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	LA					!				
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MN Note Guarantee organization 50.00 So.00	MA		×	Note Guarantee	3			\$0.00		X
	MI		×	Note Guarantee		\$0.00		\$0.00		×
MS	MN									
	MS									

APPENDIX		

1		2	3			4	# -	5		
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО	-									
МТ	-									
NE		X	Note Guarantee	3	\$4,000,000.0		\$0.00		X	
NV										
NH										
NJ										
NM										
NY		X	Note Guarantee	3	\$45,000,000. 00		\$0.00		X	
NC		X	Note Guarantee	3	\$20,000,000. 00		\$0.00		X	
ND										
ОН		X	Note Guarantee	. 3	\$20,000,000. 00		\$0.00		X	
ок										
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UT										
VT										
VA				·						
WA		X	Note Guarantee	5	\$35,000,000. 00		\$0.00	· ·	X	
wv										
WI										

~ 4 t r

1	to non-a	2 d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and archased in State tr C-Item 2)		under St (if yes, explan waiver	lification ate ULOF attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									

ANNEX A To FORM D

TECUMSEH PRODUCTS COMPANY 4.66% NOTE OFFERING GUARANTEE TECUMSEH PRODUCT COMPANY DIRECT AND INDIRECT SUBSIDIARY LISTING

Each of the below listed companies is a joint and several issuer of a single guarantee of the obligations of their parent company, Tecumseh Products Company, a Michigan corporation, under those certain 4.66% Guaranteed Notes Due March 5, 2011:

M.P. Pumps, Inc., a Michigan corporation organized on January 1, 1989
Tecumseh Investments, Inc., a Mississippi corporation organized on July 17, 1994
Tecumseh Compressor Company, a Delaware corporation organized on October 29, 2002
Little Giant Pump Company, an Oklahoma corporation organized on August 15, 1980
Douglas Holdings, Inc., a Georgia corporation organized on October 30, 1995
Tecumseh Power Company, a Delaware corporation organized on October 29, 2002
Vitrus, Incorporated, a Rhode Island corporation organized on December 16, 2002
Convergent Technologies International, Inc., a Delaware corporation organized on October 2, 1989
Evergy, Inc., a Delaware corporation organized on October 21, 1987
Euromotor, Inc., a Tennessee corporation organized on October 22, 1989
Tecumseh Pump Company, a Delaware corporation organized on October 29, 2002
Tecumseh Products Company, Engine and Transmission Group, Dunlap Operations, Inc., a

Tennessee corporation organized on October 21,1987

Manufacturing Data Systems, Inc., a Michigan corporation organized on April 2, 2002

Douglas Products, Inc., a Georgia corporation organized on October 11, 1995

Fasco Industries, Inc., a Delaware corporation organized on February 19, 1980

Brinkley Motor Products Company, an Illinois corporation organized on May 1, 1986

ECM Motor Company, a Delaware corporation organized on May 13, 1997

Von Weise Gear Company, a Delaware corporation organized on November 5, 1985

Eaton Technologies, Inc., a Michigan corporation organized on September 28, 1988

Tecumseh Canada Holding Company, a Delaware corporation organized on December 23, 2002