

1.) CORPORATION NAME:

MODINE MANUFACTURING COMPANY

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0164865**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	80,000,000
PREFER	16,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1500 DEKOVEN AVE

CITY/ST/ZIP: RACINE, WI 53403

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: THOMAS A BURKE TITLE: P/CEO ADDRESS: 1500 DEKOVEN AVE CITY/ST/ZIP/CO: RACINE, WI 53403</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARGARET C KELSEY TITLE: VP-GC and S ADDRESS: 1500 DEKOVEN AVE. CITY/ST/ZIP/CO: RACINE, WI 53403</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL B LUCARELI TITLE: VP-FIN & CFO ADDRESS: 1500 DEKOVEN AVE. CITY/ST/ZIP/CO: RACINE, WI 53403</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS F MARRY TITLE: EVP & COO ADDRESS: 1500 DEKOVEN AVE CITY/ST/ZIP/CO: RACINE, WI 53403</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SCOTT L BOWSER TITLE: RVP - ASIA ADDRESS: 1500 DEKOVEN AVE CITY/ST/ZIP/CO: RACINE, WI 53403</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID J ANDERSON TITLE: DIRECTOR ADDRESS: 1500 DEKOVEN AVE CITY/ST/ZIP/CO: RACINE, WI 53403</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	CHARLES P COOLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403		
NAME:	SURESH V GARIMELLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403		
NAME:	LARRY O MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403		
NAME:	GARY L NEALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403		
NAME:	CHRISTOPHER W PATTERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403		
NAME:	MARY L PETROVICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403		
NAME:	MARSHA C WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403		
NAME:	Holger Schwab	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	RVP - Europe		
ADDRESS:	Arthur-B.-Modine-Strasse 1		
CITY/ST/ZIP/CO:	Filderstadt-Bonlanden, D-70794, DE		
NAME:	Scott D Wollenberg	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	RVP-NA & CTO		
ADDRESS:	1500 DeKoven Ave.		
CITY/ST/ZIP/CO:	Racine, WI 53403		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARGARET C KELSEY	MARGARET C KELSEY, VP-GC	11/15/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	and S PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.