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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90104 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 804269**

1. Corporation Name  
**THE B.F. GOODRICH COMPANY**

Principal Place of Business 4020 KINROSS LAKES PKWY D/0072 RICHFIELD OH 44286-368 US	Mailing Address 4020 KINROSS LAKES PKWY D/0072 RICHFIELD OH 44286-368 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified <b>08/01/1934</b>	Applied For Not Applicable
4. FEI Number <b>34-0252680</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNER, DAVID L	1.2 NAME	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH 68	1.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CFG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBLER, D L	2.2 NAME	Les C. Vinney
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	2.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	RICHFIELD OH 68	2.4 CITY-ST-ZIP	Richfield, OH 44286
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLS, STEVEN G.	3.2 NAME	Robert D. Koney, Jr.
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	3.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	RICHFIELD OH 68	3.4 CITY-ST-ZIP	Richfield, OH 44286
TITLE	EVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SVP & Gen. Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDER, JON, V	4.2 NAME	Terrence G. Linnert
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	4.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	RICHFIELD OH 68	4.4 CITY-ST-ZIP	Richfield, OH 44286
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWOOD, GEORGE K	5.2 NAME	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH 68	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *George K. Shrewood* **GEORGE K. SHERWOOD** 2/12/99 330-659-7643  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 George K. Shrewood, Vice Pres. - Tax Admin.

CR2E034 (1/198)