

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90094 019 \*\*\*150.00

**DOCUMENT # 804269**

1. Entity Name

**THE B.F. GOODRICH COMPANY**

Principal Place of Business

Mailing Address

4020 KINROSS LAKES PKWY  
 D/0072  
 RICHFIELD OH 44286-368  
 US

4020 KINROSS LAKES PKWY  
 D/0072  
 RICHFIELD OH 44286-9368  
 US

2. Principal Place of Business

3. Mailing Address

*2550 West Tyvola Road*

*2550 West Tyvola Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Tax Dept*

City & State

*Charlotte, NC*

City & State

*Charlotte, NC*

4. FEI Number

**34-0252680**

Applied For

Not Applicable

Zip

*28217*

Country

*USA*

Zip

*28217*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

**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	PCEO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNER, DAVID L	NAME	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	STREET ADDRESS	<i>2550 West Tyvola Rd</i>
CITY-ST-ZIP	RICHFIELD OH 68	CITY-ST-ZIP	<i>Charlotte, NC 28217</i>
TITLE	EVP <input checked="" type="checkbox"/> Delete	TITLE	Exec. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINNEY, LES C	NAME	Marshall O. Larsen
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	STREET ADDRESS	<i>2550 West Tyvola Rd</i>
CITY-ST-ZIP	RICHFIELD OH 44286	CITY-ST-ZIP	<i>Charlotte, NC 28217</i>
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONEY, ROBERT D	NAME	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	STREET ADDRESS	<i>2550 West Tyvola Rd</i>
CITY-ST-ZIP	RICHFIELD OH 44286	CITY-ST-ZIP	<i>Charlotte, NC 28217</i>
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINNERT, TERENCE G	NAME	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	STREET ADDRESS	<i>2550 West Tyvola Rd</i>
CITY-ST-ZIP	RICHFIELD OH 44286	CITY-ST-ZIP	<i>Charlotte, NC 28217</i>
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	Vice President - Taxes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERWOOD, GEORGE K	NAME	Joseph F. Andolino
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	STREET ADDRESS	<i>2550 West Tyvola Rd</i>
CITY-ST-ZIP	RICHFIELD OH 68	CITY-ST-ZIP	<i>Charlotte, NC 28217</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Joseph F. Andolino*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/00*  
 Date

*704-423-7133*  
 Daytime Phone #