


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90090 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819201
 1. Corporation Name
COOPER TIRE & RUBBER COMPANY

Principal Place of Business ATTN TAX DEPT. LIMA & WESTERN AVENUES FINDLAY OHIO 45840	Mailing Address ATTN TAX DEPT LIMA & WESTERN AVENUES FINDLAY OHIO 45840
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/06/1965	
4. FEI Number 34-4297750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAHL, JOHN	
STREET ADDRESS	LIMA & WESTERN AVENUES	
CITY-ST-ZIP	FINDLAY OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KLEIN, WILLIAM S	
STREET ADDRESS	LIMA & WESTERN AVENUES	
CITY-ST-ZIP	FINDLAY OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HATTENDORF, WILLIAM C	
STREET ADDRESS	LIMA & WESTERN AVENUES	
CITY-ST-ZIP	FINDLAY OH	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	ROONEY, PATRICK W	
STREET ADDRESS	LIMA & WESTERN AVE	
CITY-ST-ZIP	FINDLAY OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REINHARDT, J ALEC	
STREET ADDRESS	LIMA & WESTERN AVENUES	
CITY-ST-ZIP	FINDLAY OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dattilo, Thomas A
5.3 STREET ADDRESS	Lima, Western Avenues
5.4 CITY-ST-ZIP	Findlay, OH
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: W.C. HATTENDORF Vice President-Treasurer 4/22/99 419-424-7317
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)