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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 07 1997 8:00am

Secretary of State

(864) 458-5000

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 830194

(7)

MICHELIN NORTH AMERICA, INC.

14. I do hereby certify that the information supplied with this filing doe

SIGNATURE:

Principal Plac	e of Rusiness	Mailing Address								
1 PARKWAY S GREENVILLE S US	io	PO BOX 19001	•						•	
						 Date Incorporated or Qualified 06/04/1973 		te of Last A 08/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	plied For	
21 Cuito Ant	# at-	26				11-1724631			ot Applicable	
Suite Apt. 22	#. etc	Suite, Apt #, etc.	· -			5. Certificate of Status Desired		\$8.75 A	Additional equired	
City & State	е	City & State	City & State			Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country	Zip					Trust Fund Contribution			
24	25 29		30	,		Florida Statutes				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered /	Agent		
	CORPORATION SYSTEM			81	Name					
	0 S. PINE ISLAND ROAD NTATION FL 33324			82	Street	Address (P.O. Box Number is Not Accepta	ible)	<u></u>		
				83	***	77777774				
				84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	atutes, the a	pove	-named	corporation submits this statement for the	nurnose of	changing if	s registered	
office or r agent ! a	egistered agent, or both, in the State m familiar with, and accept the oblig	ent Florida. Such change was entions of, Section 607.0505.	as authorize Florida Sta	d by tutes	the corp i.	poration's board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE	_								i	
	Signature, typed or printed name of requirered ag		NOTE: Registere	d Age	nt signature	required when reinstaling)	DATE			
12.	TW - 17 MI 15 A. M 1 A.	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND			
THILE	ST MOALL MAES	L DELETE		1.1 TITLE				☐ Change	Addition	
NAME	MICALI, JAMES		1.2 N	AME						
STREET ADDRESS	ONE PARKWAY SOUTH		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	GREENVILLE SC			1.4 CITY - ST - ZIP						
THTLE	AS DANIEW	 -		2.1 TITLE				Change	Addition	
NAME	PRICE, RANDY L		2.2 NAM							
STREET ADDRESS	1 PARKWAY SOUTH		2.3 ST		ADDRESS					
CHY-ST-ZIP	GREENVILLE SC		2.40	CITY - S	ST-ZIP					
TITLE	PDC	⊠ DELETE	TE 3.1 TITLE					Change	Addition	
NAME	GHOSN, CARLOS		3.2 N	AME		•				
STREET ADDRESS	ONE PARKWAY SOUTH		3.3 S	TREET	ADDRESS					
CITY ST-ZIF	GREENVILLE SC		3.4. 0	CITY - S	ST-ZIP					
TITLE	D	☐ DELETE	4.1 T	ITLE				Change	Addition	
NAME	LAMBERT, RÖBERT		4.21	AME						
STREET ADORESS	1 PARKWAY SOUTH		4.3 S	TREET	ADDRESS					
CITY - ST - 2IF	GREENVILLE SC		4.4 C	ITY - S	T-ZIP					
THLE	\$	☐ DELETE	5.1 TI	ITLE				Change	Addition	
NAME	STEELMAN, ROBERT E		5.2 N	AME						
STREET ADDRESS	1 PARKWAY SO		5.3 S	TREET	ADDRESS			•		
City St - 20F	GREENVILLE SC		5.4 C	ITY - S	T-ZIP					
TILLE		☐ DELETE	6.1 1	TLE				Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS			638	YOUET	ANNAECC	1				

6.4 CITY - ST - ZIP I do hereby certify that the information supplied with this filing doe: A 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 and on the corporation 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 prock 13 if changed, or on an attachment with an address.