

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-26-2001 90121 044 ***150.00

DOCUMENT # 830194

1. Entity Name

Michelin North America, Inc.

Principal Place of Business Mailing Address

One Parkway South
 PO Box 19001
 Greenville, SC 29602
 USA

2. Principal Place of Business
 Same

3. Mailing Address
 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-1724631

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE President
 NAME James M. Micali
 STREET ADDRESS One Parkway South
 CITY - ST - ZIP Greenville, SC 29602

TITLE Exec. Vice President
 NAME John Grimaldi
 STREET ADDRESS One Parkway South
 CITY - ST - ZIP Greenville, SC 29602

TITLE Controller
 NAME Peri Martin
 STREET ADDRESS One Parkway South
 CITY - ST - ZIP Greenville, SC 29602

TITLE Asst. Secretary
 NAME Randy L. Price
 STREET ADDRESS One Parkway South
 CITY - ST - ZIP Greenville, SC 29602

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 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: *Randy Price* Assistant Secretary

864-458-5205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #