

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04365** (3)

1. Corporation Name
DUNLOP TIRE CORPORATION



Principal Place of Business: **DUNLOP TIRE CORPORATION, 200 JOHN JAMES AUDUBON PKWY, WEST AMHERST NY 14228 US**
Mailing Address: **C/O TAX DEPARTMENT, P.O. BOX 1109, BUFFALO NY 14240-1109 US**

3. Date Incorporated or Qualified: **12/17/1984** 3a. Date of Last Report: **02/07/1995**
4. FEI Number: **16-1234032** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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** Zip: **29** Country: **30**

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: _____ **FL** **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: PD	NAME: FUJITA, KOZO	1.1 TITLE: C	1.2 NAME: D
STREET ADDRESS: 200 JOHN JAMES AUDUBON PKWY	CITY-ST-ZIP: WEST AMHERST NY	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: V	NAME: OSBORN, L.N.	2.1 TITLE: V	2.2 NAME: T
STREET ADDRESS: 200 JOHN JAMES AUDUBON PKWY	CITY-ST-ZIP: WEST AMHERST NY	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: T	NAME: ARCOUET, HAROLD J.	3.1 TITLE: V	3.2 NAME: James Galoppo
STREET ADDRESS: 200 JOHN JAMES AUDUBON PKWY	CITY-ST-ZIP: WEST AMHERST NY	3.3 STREET ADDRESS: 200 John James Audubon Parkway	3.4 CITY-ST-ZIP: West Amherst, NY
TITLE: VS	NAME: FOX, JAMES	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 200 JOHN JAMES AUDUBON PKWY	CITY-ST-ZIP: WEST AMHERST NY	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: CAMPBELL, DAVID N.	5.1 TITLE: P	5.2 NAME: D
STREET ADDRESS: 800 DELAWARE AVE	CITY-ST-ZIP: BUFFALO NY	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D	NAME: OYAMATA, AKIO	6.1 TITLE: D	6.2 NAME: John R. Barran
STREET ADDRESS: 10 SHERIDAN DR	CITY-ST-ZIP: TONAWANDA NY	6.3 STREET ADDRESS: 100 Jefferson Street, South	6.4 CITY-ST-ZIP: Huntsville, AL 35801

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Vice President & Treasurer 1/23/96 716-639-5217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)