

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

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**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/17/1984	3a. Date of Last Report 01/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 16-1234032	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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	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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	FUJITA, KOZO	
STREET ADDRESS	200 JOHN JAMES AUDUBON PKWY	
CITY-ST-ZIP	WEST AMHERST NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	OSBORN, L.N.	
STREET ADDRESS	200 JOHN JAMES AUDUBON PKWY	
CITY-ST-ZIP	WEST AMHERST NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALOPPO, JAMES	
STREET ADDRESS	200 JOHN JAMES AUDUBON PARKWAY	
CITY-ST-ZIP	WEST AMHERST NY	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	FOX, JAMES	
STREET ADDRESS	200 JOHN JAMES AUDUBON PKWY	
CITY-ST-ZIP	WEST AMHERST NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DAVID N.	
STREET ADDRESS	800 DELAWARE AVE	
CITY-ST-ZIP	BUFFALO NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRAN, JOHN R.	
STREET ADDRESS	100 JEFFERSON ST. S.	
CITY-ST-ZIP	HUNTSVILLE AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Yukio Nakayama	
1.3 STREET ADDRESS	200 John James Audubon Pkwy	
1.4 CITY-ST-ZIP	West Amherst, NY 14228	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas J. Occhino	
4.3 STREET ADDRESS	200 John James Audubon Pkwy	
4.4 CITY-ST-ZIP	West Amherst, NY 14228	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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.

SIGNATURE: *L. N. Osborn* Vice President, Finance & Treasurer 1/22/97 716 630 5217

CF2E034 (9/96)