


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1984

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

4. FEI Number
16-1234032

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **FL**

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	CD	<input type="checkbox"/> DELETE
NAME	YUKIO NAKAYAMA	
STREET ADDRESS	200 JOHN JAMES AUDUBON PKWY	
CITY-ST-ZIP	WEST AMHERST NY	
TITLE	VT	<input checked="" 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	S	<input type="checkbox"/> DELETE
NAME	THOMAS J OCCHINO	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Treasurer
2.3 STREET ADDRESS	Mary L. Kasprzak
2.4 CITY-ST-ZIP	200 John James Audubon Pkwy West Amherst, NY 14228
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Mary L. Kasprzak* **Mary L. Kasprzak** Treasurer **4/6/98 716-639-5217**

CR2E034 (10/97)