

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90141 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04365

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/17/1984	
4. FEI Number 16-1234032	Applied For 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 owes the current year Intangible Personal Property Tax.	<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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUKIO NAKAYAMA	1.2 NAME	
STREET ADDRESS	200 JOHN JAMES AUDUBON PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST AMHERST NY	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPRZAK, MARY L	2.2 NAME	
STREET ADDRESS	200 JOHN JAMES AUDUBON PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST AMHERST NY 14228	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALOPPO, JAMES	3.2 NAME	
STREET ADDRESS	200 JOHN JAMES AUDUBON PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST AMHERST NY	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS J OCCHINO	4.2 NAME	
STREET ADDRESS	200 JOHN JAMES AUDUBON PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST AMHERST NY	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DAVID N.	5.2 NAME	
STREET ADDRESS	800 DELAWARE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRAN, JOHN R.	6.2 NAME	
STREET ADDRESS	100 JEFFERSON ST. S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	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, with all other like empowered.

SIGNATURE: *Mary L. Kasprzak* Mary L. Kasprzak 4/13/99 716-639-5217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)