2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **804926**

1. Entity Name

BRIDGESTONE/FIRESTONE, INC.

Principal Place of Business	Mailing Address
JOHN HOLMAN 50 CENTURY BLVD. NASHVILLE TN 37214 US	JOHN HOLMAN 50 CENTURY BLVD. NASHVILLE TN 37214-3672 US

A0011583

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 34-0220440 □ Applied For □ Not Applicable
Zip	Country	Zip	Country	**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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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, 2000 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 CEOD NAME M. ONO STREET ADDRESS 333-C VILLAGE POINTE DR CITY-ST-ZIP AKRON OH	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition
TITLE CFOD NAME T. ANDO STREET ADDRESS 264 BRITISH WOODS DRIVE CITY-ST-ZIP NASHVILLE TN	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition
TITLE P NAME K. SHIBATA STREET ADDRESS 8107 STEWART FERRY PKWY CITY-ST-ZIP NASHVILLE TN	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition
TITLE VP NAME D GRONINGER STREET ADDRESS 100 WESTHAMPTON PLACE CITY-ST-ZIP NASHVILLE TN	☒ Delete	TITLE T NAME D. Thomas STREET ADDRESS 200 Granger Rd., Medina, Ohio 44256 CITY-ST-ZIP	□ Change	□ Addition
TITLE VP NAME LAMPE, J STREET ADDRESS 1018 ST ANDREWS CITY-ST-ZIP EADMOND OK	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition
TITLE CT NAME D SEELE STREET ADDRESS 9433 COXBORO DR CITY-ST-ZIP BRENTWOOD TN	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition

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: _____ David F. Seele Controller-Tax   1/13/2000   (615) 872-1590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #