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Annual Report  
Filed 2-25-93

2pgs.

File Now. Filing Fee after May 1 is \$225.00

02-25-93

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS  
200.00 C FW

RECEIVED FEB 17 1993  
FEB 25 1993

CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FREE

1. Name and Mailing Address of Corporation DOCUMENT # 804926 (4)

BRIDGESTONE/FIRESTONE, INC.  
JOHN HOLMAN  
1200 FIRESTONE PKY  
AKRON OH 44317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1938  
3a. Date of Last Report 03/12/1992

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE \$200.00  
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number 340220440  
Applied For Not Applicable

2. Mailing Address 2a. Principle Place of Business

21 50 Century Blvd. 26 50 Century Blvd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Lessor?  \$8.75 Addition Fee Required.

22 City & State 27 City & State

23 Nashville, TN 28 Nashville, TN

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 179.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Part of Address)  
83  
84 City FL 85 State Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named person submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. Such change was authorized by the 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 Registered Agent

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS CHANGES

1. NAME	S ANDO, T. 5184 SODALITE AKRON OH
2. NAME	S KAIZAKI, K. 377-C VILLAGE POINTE AKRON OH
3. NAME	V MATSUI, K. 750 MULL AVE., APT 6-F AKRON OH
4. NAME	V MASATOSHI, O. 333-C VILLAGE POINTE AKRON OH
5. NAME	P MCCANN, J.F. 240 CASTLE BLVD. AKRON OH
6. NAME	A/C STYLES, DALLAS E 768 PENN WOOD DRIVE TALLMADGE OH

1. TITLE	CEO & Director
2. NAME	M. Ono
3. ADDRESS	333-C Village Pointe Dr. Akron, Ohio 44313
4. TITLE	CFO & Director
5. NAME	T. Ando
6. ADDRESS	264 British Woods Dr. Nashville, TN 37217
7. TITLE	President
8. NAME	K. Shibata
9. ADDRESS	8107 Stewart Ferry Pkwy. Nashville, TN 37214
10. TITLE	Vice President
11. NAME	D. Groninger
12. ADDRESS	100 Westhampton Place Nashville, TN 37205
13. TITLE	Vice President
14. NAME	T. Renninger
15. ADDRESS	557 Midway Circle Brentwood, TN 37027
16. TITLE	Controller-Taxes
17. NAME	D. Seele
18. ADDRESS	9433 Coxboro Dr. Brentwood, TN 37027

14. I certify that the information furnished on this annual report or supplemental annual report is true and accurate and that my signature thereon is a true and correct signature and that my signature thereon is a true and correct signature and that my signature thereon is a true and correct signature.

SIGNATURE David F. Seele  
Title) Controller-Taxes  
Date: 2/17/93  
Daytime Telephone Number (615) 872-1590

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