

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

FILED
Apr 20 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 # 810163 (6)

1. Corporation Name
GOODALL RUBBER COMPANY



Principal Place of Business 100 LUDLOW DR EWING NJ 08638 US	Mailing Address 100 LUDLOW DR EWING NJ 08638 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/18/1955
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 21-0593815
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DIRECTOR
NAME	MIKA, JOSEPH	1.2 NAME	ROGER JEHANDER
STREET ADDRESS	119 MILBOB DR.	1.3 STREET ADDRESS	TRELLEBORG INDUSTRI AB, S-231 81
CITY-ST-ZIP	IVYLAND PA	1.4 CITY-ST-ZIP	TRELLEBORG, SWEDEN
TITLE	V	2.1 TITLE	DIRECTOR
NAME	WISE, THOMAS	2.2 NAME	GEORG BRUNSTAM
STREET ADDRESS	21 BRYAN AVE.	2.3 STREET ADDRESS	TRELLEBORG INDUSTRI AB, S-231 81
CITY-ST-ZIP	RICHBORO PA	2.4 CITY-ST-ZIP	TRELLEBORG, SWEDEN
TITLE	VTS	3.1 TITLE	DIRECTOR
NAME	STOUT, DONALD	3.2 NAME	BO COLLIN
STREET ADDRESS	623 PARSON AVE	3.3 STREET ADDRESS	TRELLEBORG INDUSTRI AB, S-231 81
CITY-ST-ZIP	TRENTON NJ	3.4 CITY-ST-ZIP	TRELLEBORG, SWEDEN
TITLE		4.1 TITLE	DIRECTOR
NAME		4.2 NAME	TIM RYAN
STREET ADDRESS		4.3 STREET ADDRESS	10 LINCOLN PARK
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HARTVILLE, OHIO 44632
TITLE		5.1 TITLE	P/D
NAME		5.2 NAME	JOSEPH MIKA
STREET ADDRESS		5.3 STREET ADDRESS	119 MILBOB DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	IVYLAND, PA 18925
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

CR2E034 (10/97)