

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90130 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810163
 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 01/18/1955	4. FEI Number 21-0593815	Applied For <input type="checkbox"/> 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 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKA, JOSEPH	1.2 NAME	GEORG BRUNSTAM
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, THOMAS	2.2 NAME	
STREET ADDRESS	21 BRYAN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHBORO PA.	2.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, DONALD	3.2 NAME	
STREET ADDRESS	623 PARSON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON NJ	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH MIKA	4.2 NAME	
STREET ADDRESS	119 MILBOB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	IVYLAND PA 18925	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM RYAN	5.2 NAME	
STREET ADDRESS	10 LINCOLN PARK	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTVILLE OH 44632	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BO COLLIN	6.2 NAME	
STREET ADDRESS	TRELLEBORG INDUSTRI, AB, S-231 81	6.3 STREET ADDRESS	
CITY-ST-ZIP	TRELLEBORG SW	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: Joseph Mika (PWS) Date: _____ Daytime Phone #: 608 406 0205

CR2E034 (1/98)