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Secretary of State

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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/18/1955

4. FEI Number

21-0593815

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

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

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MIKA, JOSEPH
STREET ADDRESS 119 MILBOB DR.
CITY-ST-ZIP IVYLAND PA

TITLE V ☐ DELETE

NAME WISE, THOMAS
STREET ADDRESS 21 BRYAN AVE.
CITY-ST-ZIP RICHBORO PA

TITLE VTS ☐ DELETE

NAME STOUT, DONALD
STREET ADDRESS 623 PARSON AVE
CITY-ST-ZIP TRENTON NJ

TITLE PD ☐ DELETE

NAME JOSEPH MIKA
STREET ADDRESS 119 MILBOB DR
CITY-ST-ZIP IVYLAND PA 18925

TITLE D ☐ DELETE

NAME TIM RYAN
STREET ADDRESS 10 LINCOLN PARK
CITY-ST-ZIP HARTVILLE OH 44632

TITLE D ☒ DELETE

NAME BO COLLIN
STREET ADDRESS TRELLEBORG INDUSTRI, AB, S-231 81
CITY-ST-ZIP TRELLEBORG SW

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME GEORG BRUNSTAM
1.3 STREET ADDRESS TRELLEBORG INDUSTRI AB, S-231 81
1.4 CITY-ST-ZIP TRELLEBORG SWEDEN

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)