FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00								
PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham								
Secretary of Ship N					-			
	1996	appendictions	FILED					
	MENT # 852609	, , , , ,	96	96 DEC -2 PM 12: 46				
1. Corporatio	n Name	SECRETARY OF STATE DAMMINIMUM						
UNITED TIRE & RUBBER CO. LIMITED						STATE	Billin Biblir Biblir 1861	
Principal Place of Business Mailing Address								
	ELD RD. REXDALE	EXDALE	IE Bum					
REXDALE. ONTARIO REXDALE, ONTARIO M9W 5C6 CANADA M9W 5C6 CANADA					12-344			
				3. Date incorporated or Qualified 3a. (Date of Last Report 06/30/1995	
2. Principal P	ace of Business	2a. Malling Address 26	ess			<u> </u>	Applied For	
Sulte, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of	39000 Status Desired	\$8.	Not Applicable 75 Additional	
27 City & State City & State					npaign Financing	re	e Required	
Zip	Country	28	Trust Fund Contribution		L Ad	.00 May Be ded to Fees		
24	25 29			8. This corporation has liability for intangible tax under s 199.032, Floride Statutes Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
BRICKER, CHARLES D ESQ. 82 Street Address (P.O. Box Number is Not Acceptable)								
20/801 BISCAYNE BLVD. #505 #VENTURA FL 33180								
27L11	OTO. 1 E 33 100		84 City			 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0502 ar	nd 607,1508. Florida Statutes	the above pamed as	ovation submits this et	atement for the num	<u>FL </u>		
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 signeture r	ared when reinstation?		DATE		
12.	OFFICERS AND [DIRECTORS	13.		CHANGES TO OFF	ICERS AND DIREC		
TITLE NAME	CST SCOLNICK, ROBERT	DELETE	1. 1 TITLE 1.2 NAME	PENSUER CA	USA #3	Chang	e 🔀 Addition	
STREET ADDRESS			1.3 STREET ADDRESS			K		
CITY-ST-ZIP TITLE	TORONTO, ONTARIO M5P 2A		1.4 CITY-ST-ZIP	han how v	4 10174			
NAME	P Sherkin, Charles	☐ DELETE	2.1 TITLE 2.2 NAME	P/CE0		Chang	e 🔲 Addition	
STREET ADDRESS	64 RIDELLE AVE.		2.3 STREET ADDRESS	BIEL BAYVE	EW AVE F	th. 13		
CITY-ST-ZIP TITLE	TORONTO, ONTARIO M68 1J		2.4 CITY-ST-ZIP	mi landale	ONT. M			
NAME	V MCCLURE, JOHN	DELETE	3.1 TITLE 3.2 NAME	America le	··	Chang	Addition	
STREET ADDRESS	4045 SASHA COURT		8.3. STREET ADDRESS	2 54 /ws		FFREY		
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L4W		3.4 CITY-ST-ZIP	TORONTO	ONTORIO	M4 V 272		
TITLE	D SHEDWIN DODEST	DELETE		HIGH FINANCI	oc afficen	☐ Chang	Addition	
NAME STREET ADDRESS	SHERKIN, ROBERT 95 CHILTERN HILL ROAD		4.2 NAME	FERNANDES RAYMOND				
CITY-ST-ZIP	TORONTO, ONTARIO MCC 3B9		4.3 STREET ADDRESS	257 YORKSHIRE DRIVE NEWMARKET ONT. LIYGKY				
TITLE	D	DELETE	5. 1 TITLE		, -	☐ Change	Addition	
NAME ,	FRIEBERG, JOSEPH	- \	5.2 NAME	40	າດດ່ວ່ຽນ	02032	4=-2	
STREET ADDRESS	4 BURTON ROAD	_	5.3 STREET ADDRESS		-127U5; *****€	/9601008 :1 20 ***	809 **61.25	
CITY-ST-ZIP TITLE	TORONTO, ONTARIO M5P 1T7		5.4 CITY-ST-ZIP		पःच-च-च-च-			
NAME	D Hamlin, Denslo Jr	DELETE	6. 1 TITLE 6.2 NAME			☐ Change	Addition	
STREET ADDRESS	%INCO VENTURE CAPITAL MO	T., 1 NEWYORK PL7	6.3 STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10004		6.4 CiTY-ST-7IP	•				
	y certify that the Information supplied with the information Indicated on this annual i		ned and does not qua					
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.								

SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT. 03,1986 (414) 675-3077