_	11 90 33 55 55				
F	ILE NOW: FILING FE	E AFTER MAY 1	S \$225.00		1 0
•	PROFIT ORPORATION	Jan.	PARTMENT OF STATE		1-2
	NUAL REPORT		a B Mortham		
	1996	* * · ·	etary of State F CORPORATIONS	FIL	ED
DOC	8566	2		96.111 15	
1. Corpora	UMENT #	9 7. (3)		96 JUL 15	AM 9: 05
A	IR TREADS, INC.	` '		SECRETARY OF TALLAHASSEE	OF STATE
				MELAHASSEE	FLORIDA
Principal Pi	lace of Business				
1	HANKET ST. 1144 E. MALLY	Mailing Address		THE SHARE SHARE	
\$6000A	BHXMIKXX AKON ONE YY	XXMMEN OF WHEX	ХX		
_ i	yai biive ,	1144 E Market		Date Incorporated or Qualified	3a. Date of Last Report
	t Park, CA 30050 Place of Business	Akron, OH 443	16	-9\$/02/196 6	05/01/1995
21		26 Mailing Address		4. FEI Number 58-0965393	Applied For
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.		F. Continue 4 to 1	Not Applicab
City & St	tate	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		Chotian Campuign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country 25	Zip 29	Country	8. This corporation has liability for	Added to Fees
	9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	□No
CTC	ODDODATION AVATER		81 Name	THE STATE OF MEN P	legistered Agent
	ORPORATION SYSTEM S. PINE ISLAND ROAD		82 Street Au	xess (P.O. Box Number is Not Acceptab	le)
	TATION FL 33324		83	<u> </u>	
			84 City		
11. Pursuan	t to the provisions of Sections 607,0502	and 607 1508 Florida Statute	1 1,		FL 85 Zip Code
or registe familiar v	ered agent, or both, in the State of Flori with, and accept the obligations of, Sect	da. Such change was authorized ion 607,0505. Florida Statutes	s, the above-named corpo d by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registered offic
SIGNATURE	Signature, typed or printed name of registered agent				V -= = 3 / 2
12.	OFFICERS AND		 Registered Agent signature require 13. 		DATE
TITLE NAME	CD	DELETE	1 TITLE	ADDITIONS CHANGES TO CITED	Change AND Diffe Change Addition
STREET ADDRESS	WELLS, HOYT, M 1144 EMARKET ST	,	1.2 NAME		
CITY-ST-ZIP	AKRON/ OHIO 00000		1 3 STREET ADDRESS	See Attached Li	st
TITLE	1 1	☐ DELETE	1.4 CHY-ST-ZIP 2 1 TITLE		Channe El Addition
NAME STREET ADDRESS	HAUMAN, RICHARD W 1144 E MARKET ST		2.2 NAME	.	Change
CITY-ST-ZIP	AKRON, OHIO 00000		2 3 STREET ADDRESS	30000	1896413
TITLE	V	☐ DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		01030024
NAME STREET ADDRESS	PEREZ, CARLOS	ľ	3 2 NAME		
CITY - ST - ZIP	1144 E MARKET ST AKRON/ONO 00000		3.3 STREET ADDRESS	-07/17/96-	1896413 01030025
TITLE	S	S DELETE	3 4 CITY-ST-ZIP 4 1 TITLE	*****25.C	<u> </u>
NAME	JENKINS, NAYES A.	7	4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS DITY-ST-ZIP	1144 E MARKET ST AKRON, OHIO 00000		4 3 STREET ADDRESS		
TITLE	& V PFINAME	☐ DELETE	4.4 CITY - ST - ZIP		
NAME	STRICKLER, GEORGE E.	ے معدداد	5 1 TITLE 52 NAME	- 	Change Addition
STREET ADDRESS	1144 E. MARKET ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH AC	₩ DEFELE	5 4 CITY - ST - ZIP		
NAME	HOUSER, RONALD C.	PADELETE	6 I TITLE 62 NAME		☐ Change ☐ Addition
STREET ADDRESS	1144 E MIKRKET ST.		63 STREET ADDRESS		~ b
Cfty-St-ZIP	AKRON, OHIO 00000	o this files	64 CITY-ST-ZIP		/\\\\\\
certify that oath; that I	the information indicated on this annual am an officer or director of the corporate	report or supplemental annual r	d and does not qualify for eport is true and accurate	the exemption stated in Section 119.07(and that my signature shall have the ser- report as required by Chapter 607. The ser-	3)(k), Florida Statutes II further
appears in I	Block 12 or Block 13 if changed, or on	an attachment with an address.	npowered to execute this r	and that my signature shall have the sar report as required by Chapter 607, Florid	a Statutes; and that my name
SIGNATI	URE: / N. Mall) 44 George E St	trickler, VP,	Finance 4/25/96	220_706_4102
	SIGNATURE AND TYPED OR PA	INTED NAME OF SIGNING OFFICER OR	DISTORDED VP,	Finance 4/25/96	330-796-4192

AIR TREADS, INC.

F. DIRECTORS:

Number - Not less than 3 nor more than 7

<u>Name</u>	<u>City and State</u>			
James Boyazis Richard W Hauman George E Strickler	Akuan Ohio	4 East Market Street 4 East Market Street 14 East Market Street		

G. OFFICERS:

<u>Name</u>	<u>Office</u>	City and State
Richard W Hauman James Boyazis *Clifford R Brown	President INTERACTORY Vice President, Finance INTERACTORY Vice President and Treasurer INTERACTORY Vice President and Secretary INTERACTORY Comptroller Assistant Secretary INTERACTORY INTERACTORY INTERACTORY INTERACTORY	Akron, Ohio ۱۹۹۵۱، Akron, Ohio ۱۹۹۶۱،

H. QUALIFIED TO DO BUSINESS IN OTHER STATES:

3011211 222	<u> </u>	······	Qualified Continuously
<u>State</u>	Resident Agent	<u>Address</u>	Since