FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -7 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000934 (9)

1. Corporation Name
BRIDGESTONE ENGINEERED PRODUCTS COMPANY, INC.

Principal Place of Business	Mailing Address
555 MARRIOTT DR. SUITE 830 NASHVILLE TN 37214	555 MARRIOTT DR. SUITE 830 NASHVILLE TN 37214

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21 555 Marriott Drive
Suite, Apt. #, etc.
22 Suite 830
City & State
23 Nashville, TN
Zip 24 37214 Country 25 U.S.A.

2a. Mailing Address
26 50 Century Blvd.
Suite, Apt. #, etc.
27
City & State
28 Nashville, TN
Zip 29 37214 Country 30 U.S.A.

4. FEI Number: 34-1672150 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☐ Change ☐ Addition
NAME	HIOKI, MICHAEL	1.2 NAME		
STREET ADDRESS	555 MARRIOTT DR., #830	1.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37214	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CRIGGER, GARY B	2.2 NAME		
STREET ADDRESS	50 CENTURY BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37214	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MCKEAN, SCOTT	3.2 NAME		
STREET ADDRESS	50 CENTURY BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37214	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	SEELE, DAVE	4.2 NAME		
STREET ADDRESS	50 CENTURY BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37214	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, SAUL A	5.2 NAME		
STREET ADDRESS	50 CENTURY BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37214	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	PACSI, MARY B	6.2 NAME		
STREET ADDRESS	50 CENTURY BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37214	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 in changed, or on an attachment with an address.

SIGNATURE: _____ Vice President of Tax 02/28/95 (615) 872-1582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460183 FP