## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Moriham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

MENT # F040000074 #

DOCUMENT # F9400002674 (9)  U.S. RUBBER ACQUISITION CORP.  Principal Place of Business  Mailing Address									
		Mailing Address					II <b>Co</b> rri <b>Bo</b> ill <b>Bo</b> r	10 17010 1	
PO BOX 810 AMHERST NY 14226		PO BOX 810 AMHERST NY 14226							
						3. Date Incorporated or Qualified	3a. Date		
Principal Place of Business     2a. Mailing Address						05/23/1994 4. FEI Number	04	/20/1	T
1 26						65-0487407		-	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc								\$8.7	Not Applicable  5 Additional
27				_		5. Certificate of Status Desired			Required
City & State	City & State	/ & State			6. Election Campaign Financing		\$5.0	00 May Be	
<b>Z</b> ip	Gountry	28				Trust Fund Contribution		Add	ed to Fees
24	25	Zip 29		intry		8. This corporation has liability for	intangible tax	under s	s 199.032,
-71	9. Name and Address of Curren		30	T		Florida Statutes Yes  10. Name and Address of New F	□No		·
······································				81	Name	To. Name and Address of New A	egistered A	gent	
C T CORPORATION SYSTEM					-				
1200 SOUTH PINE ISLAND ROAD				82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	TION FL 33324			83					
				-	A			,,	
					City		FL	1 1	ip Code
11. Pursuant to or registere	o the provisions of Sections 607,0502 ad agent, or both, in the State of Florid	and 607.1508, Florida Statute Such change was authorize	s, the abo d by the c	ve-na corpor	med corp ation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of chan	ging its	registered office
	h, and accept the obligations of Section	in 607.0505, Florida Statutes.				Spp.	omanorii 65 ic	giotoro	o agant i am
SIGNATURE _	Signature typed or printed name of registered agent a	no ble il accilicable //NO	f Figure to cont	Ancol e	inerations soon d	red when renstating)	~		
12.	OFFICERS AND		13.	Ago ( 5	grianire regai	ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	IDECT	200 IN 12
TIFLE	P	☐ DELETE	11]	ı <sup>t</sup> l <b>E</b>				Change	Addition
NAME	MCNEIL, BRUCE A		1.2 N/	ME	i				
STREET ADDRESS	1 PRESTIAGE PLACE		1.3 S1	1.3 STREET ADDRESS					
CITY-S1-ZIP	MIAMISBURG OH 45342			TY-ST-	ZIP				
THLE	DV DELETE			1LF				Change	Addition
NAME	ARRISON, CLEMENT R			MF					
STREET ADDRESS	501 JOHN JAMES AUDUBON	PKWY.	23 ST	CA 1339	ODRESS				
CITY-ST-ZIP TITLE	AMHERST NY 14226	FIDILITA		TY-5!-	7:P				
NAME	SD	[] DELETE	3 1 11	TLE				Change	Addition
STREET ADDRESS	Lippes, Gerald S 700 Guaranty Bldg.		3 2 NA						
CHTY-S1-ZIP	BUFFALO NY 14202			REET AL	i				
TITLE	TVAS DELETE		4. 1 Tr	(Y-\$1-2	(II,		<u> </u>	Chart	
NAME	BYRNE, JOHN J	La peccie	4. 1 H				[_]	Change	Addition
STREET ADDRESS	501 JOHN JAMES AUDUBON	PKWY.		rae Reft ad	DRESS				
CITY-ST-ZIP	AMHERST NY 14226	1 111411		Y-ST-Z					
ii1LE	C	☐ DELE1E	5 1 Ti		c	N	M	Change	Addition
NAME	ALFIERO, SAL H		5 2 NA	ME		<del></del>	צע	8	
STREET ADDRESS	501 JOHN JAMES AUDUBON	PKWY.	5.3 ST	REE1 ADI	DRESS				
CITY-ST-ZIP	AMHERST NY 14226	······································	5.4 CIT	Y - \$1 - Z	OP.				
TITLE		DELETE	6 1 Til	l F				Change	Addition
NAME			6.2 NAI	ME					
STREET ADDRESS			6.3 ST	REET ADI	DRESS				
CITY-ST-ZIP	cortify that the information and	A ALCOHOL TO THE STATE OF THE S	6.4 CH	Y-S1-2	IP				
certify that to oath; that I appears in E	The information information supplied with information indicated on this annual am an officer or director of the corpora Block 12 or Block 13 is naged for on	in this titing is voluntarily furnis report or supplemental annua- tion or the receiver or trustee an an attackment with an address	ned and c all report is empowere	true a	ot qualify and accura execute th	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flo	7(3)(k), Florid :ame legal eff rida Statutes;	Statut oct as if and tha	tes. I further made under at my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

Frederic L. Cook 4/24/94 710-689-4972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR