

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005070

1. Entity Name
MICHELIN RETREAD TECHNOLOGIES, INC.



Principal Place of Business
**632 INGLESBY PARKWAY
DUNCAN, SC 29334**

Mailing Address
**632 INGLESBY PARKWAY
DUNCAN, SC 29334**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2323280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRENNAN, THOMAS M
STREET ADDRESS 632 INGLESBY PARKWAY
CITY-ST-ZIP DUNCAN, SC 29334

TITLE T
NAME KELLER, DAVID
STREET ADDRESS 632 INGLESBY PARKWAY
CITY-ST-ZIP DUNCAN, SC 29334

TITLE S
NAME WILLIAMS, MARK I
STREET ADDRESS ONE PARKWAY SOUTH
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE AS
NAME LAW, KAREN E
STREET ADDRESS ONE PARKWAY SOUTH
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE D
NAME MINGUET, LUC
STREET ADDRESS ONE PARKWAY SOUTH
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE AS
NAME STEELMAN, ROBERT E
STREET ADDRESS ONE PARKWAY SOUTH
CITY-ST-ZIP GREENVILLE, SC 29615

U00000403481
02/06/06-80008-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark I. Williams

Mark I. Williams

January 16, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #