File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAR 18 PH 3: 39 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Malling Address of Limited Liability Company

DOCUMENT # M9700000326 **DOCUMENT** # M9700000326 NORTH AMERICAN TOURING CAR CHAMPIONSHIP, L 1a. Principal Place of Business Address .L.C. 1075 NOEL AVE. 1075 NOEL AVE. WHEELING IL 60090-5811 WHEELING IL 60090 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 06/05/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 36-4126706 5. Date of Last Report 6. Certificate of Status Desired Country Country Žip 58 Z5 Additional Fee Regioned 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sulte, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE. (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM FORSYTHE, GERALD R 1075 NOEL AVE. WHEELING IL 1075 NOEL AVE. MGRM FORSYTHE RACING, INC. WHEELING IL ed0002462858--0 -03/20/98--01009--020 \*\*\*\*198.75 \*\*\*\*188.75 11. | do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (1), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: