File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** THE STATE OF **ANNUAL REPORT** Secretary of State 1999 **DIVISION OF CORPORATIONS** COMMERT THE SHIPS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000326** NORTH AMERICAN TOURING CAR CHAMPIONSHIP, I 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 TT. Suite. Ant. #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 36-4126706 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Ζiρ Country \$8.75 Additional Fee Required 03/18/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 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 pur 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 signarure required when reins) thing) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM FORSYTHE, GERALD R 1075 NOEL AVE. WHEELING IL 60090 MGRM FORSYTHE RACING, INC. 1075 NOEL AVE. WHEELING IL 60090 200002795092-- d -03/03/30--01045--011_ ****188.75 ****188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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:

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