


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49958</b> 1. Entity Name <b>WHEEL &amp; RIM INSTITUTE OF SAFETY, INC.</b>	
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Principal Place of Business 5121 BOWDEN ROAD SUITE 303 JACKSONVILLE, FL 32216	Mailing Address 5121 BOWDEN ROAD SUITE 303 JACKSONVILLE, FL 32216
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04162004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3141651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  VOLPE, ANGELO 5121 BOWDEN RD. SUITE 303 JACKSONVILLE, FL 32216	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACKER, MIKE 7140 OFFICE CIR EVANSVILLE, IN 477160600
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHALEN, DENNIS 1200 FIRESTONE PKWY AKRON, OH 44317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRARI, PALMA 345 15TH ST NW BARBERTON, OH 44203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HENDERSON, MIKE 4399 CAROL JANE DR. SALT LAKE CITY, UT 84124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VOLPE, ANGELO 5121 BOWDEN RD., #303 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000139352  
04/29/04-80118-010 \$1.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** Angelo Volpe **ANGELO VOLPE** 4/27/04 904-737-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #