## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P00884** May 03, 2000 8:00 am Secretary of State 1. Entity Name CONTINENTAL GENERAL TIRE, INC. 05-03-2000 90094 007 \*\*\*150.00 Mailing Address Principal Place of Business ATTN: TAX DEPT. ATTN: TAX DEPT. 1800 CONTINENTAL BLVD. 1800 CONTINENTAL BLVD. **CHARLOTTE NC 28273 CHARLOTTE NC 28273-6388** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 34-1417030 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HOLLNAGEL, D. L. STREET ADDRESS STREET ADDRESS 1800 CONTINENTAL BLVD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28273 Change ☐ Addition ☐ Delete TITLE TITLE NAME FRANGENBERG, B. STREET ADDRESS STREET ADDRESS 1800 CONTINENTAL BLVD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC\_28273 (X) Change ☐ Addition ☐ Delete TITLE AT mike worthington NAME MOYER, C.W. STREET ADDRESS STREET ADDRESS 1800 CONTINENTAL BLVD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28273 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME FISHER, R.L. STREET ADDRESS STREET ADDRESS 1800 CONTINENTAL BLVD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28273 Change ☐ Addition Delete TITI F Ë۷ NAME REESE, T.J. STREET ADDRESS STREET ADDRESS 1800 CONTINENTAL BLVD. CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28273** ■ Addition Change SV ☐ Delete TITLE NAME CURRY, J.C.

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1800 CONTINENTAL BLVD.

STREET ADDRESS

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2400 704-583-8937