FILED Apr 19, 2004 8:00 am Secretary of State

| • | 2004 | | REPO | IUr |
|---|------|------|------|------|
| | | | | |

| DOCUMENT # P00884 1. Entity Name CONTINENTAL TIRE NORTH AMERICA, INC. | | | | | TO BE | 04-19-200 | 04 90 3 99 0 | 25 ***1 | 50.00 |
|---|---|--|--------------------------------------|---|--|--|--|------------------------------------|--|
| Principal Place of Business ATTN: TAX DEPT. 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273 US | | Mailing Address ATTN: TAX DEPT. 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273 US | | | | 4030526 | | 1 1811 81311 818 | Bi ng a il i ng i |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04132004 | Chg-P | CR2E03 | 4 (10/03) | |
| City & State | | City & State | | • | 4. FEI Numb | | | | oplied For |
| Zip | Country | Zip | Country | ' | | of Status Desired | \$ | 8.75 Add | |
| يد چي د | 6. Name and Address of Current | Registered Agent | | Name | 7. Name and | d Address of New | | | |
| 1200 S. PI | ORATION SYSTEM NE ISLAND ROAD ON, FL 33324 | | | ****** | s (P.O. Box Numb | er is Not Acceptab | ole) | | |
| | | | - | City | | | FL | Zip Cod | e |
| 8. The above the obligati | named entity submits this statement fo ions of registered agent. | r the purpose of changing its | registered | office or regist | tered agent, or bo | th, in the State of F | - <u>—</u> Florida. I am fa | miliar with, | and accept |
| | Signature, typed or printed name of registered agent a | and title if applicable. (NOT | E: Registered A | gent signature requi | red when reinstating) | | DATE | | |
| FILI After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0 | | | | 5.00 May Be dded to Fees | | · • | | |
| 10. TITLE | OFFICERS AND | DIRECTORS Delete | 11. | 1500 | ADDITIONS | CHANGES TO OF | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | HOLLNAGEL, D. L. 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273 | Delete | NAME | ADDRESS 180 | orge K. a o Continent anlotte, No | Jurch fol Blvd. 2 28273 | ı | Change | ⊠ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DE LAW, MARTIEN 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273 | ☐ Delete | TITLE NAME STREET A CITY-ST | ADDRESS 1800 | esident Antion de Icontinento Anlotte, NC | Louw Blvd. | 1 | X Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | T WORTHINGTON, MIKE 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273 | ☐ Delete | TITLE NAME STREET / CITY-ST | ADDRESS | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT FISHER, R.L. 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273 | ☐ Delete | TITLE NAME STREET A | | | | . [| Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV WENNEMER, M 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273 | ☐ Delete | TITLE NAME STREET A | ADDRESS | | | C | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PATHODI, N.M. 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273 | ☐ Delcte | TITLE NAME STREET A | VP N. N | 1. Poshipa o continent arlotte, N | uti al Blud- c akaza | Ţ | Change | Addition |
| 12. I hereby of indicated of the corp changed, | pertity that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or an attachment with an address, vulnet: | this filing does not qualify for true and accurate and that newered to execute this report with all other tike empowered. Annual Communication of the commu | | ation stated in S e shall have the f by Chapter 6 | Section 119.07(3) e same legal effec 07, Florida Statute | (i), Florida Statutes. ct as if made under ss; and that my nan | I further certify to oath; that I am ne appears in E | that the in an officer Block 10 or | nformation or director Block 11 if |