


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90046 031 ***150.00

DOCUMENT # P00884

1. Entity Name
CONTINENTAL TIRE NORTH AMERICA, INC.



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
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1417030	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITTENAUER, KENNETH L <i>GEORGE TUNCH</i> 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIPPE, ALAN DR 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORTHINGTON, MIKE 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FRANKS, BERT 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENNEMER, M 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, TIMOTHY 1800 CONTINENTAL BLVD. CHARLOTTE, NC 28273

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *02/23/07* *704 583 4874*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #