

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04365 (3)

1. Corporation Name

DUNLOP TIRE CORPORATION

Principal Place of Business

DUNLOP TIRE CORPORATION
200 JOHN JAMES AUDUBON PKWY
WEST AMHERST NY 14228
US

Mailing Address

C/O TAX DEPARTMENT
P.O. BOX 1109
BUFFALO NY 14240-1109
US



3. Date Incorporated or Qualified

12/17/1984

3a. Date of Last Report

02/07/1995

4. FEI Number

16-1234032

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

C D

☒ Change ☐ Addition

NAME FUJITA, KOZO
STREET ADDRESS 200 JOHN JAMES AUDUBON PKWY
CITY-STATE-ZIP WEST AMHERST NY

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE

V T

☒ Change ☐ Addition

NAME OSBORN, L.N.
STREET ADDRESS 200 JOHN JAMES AUDUBON PKWY
CITY-STATE-ZIP WEST AMHERST NY

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE ☒ DELETE

3.1 TITLE

V

☐ Change ☒ Addition

NAME ARCOUET, HAROLD J.
STREET ADDRESS 200 JOHN JAMES AUDUBON PKWY
CITY-STATE-ZIP WEST AMHERST NY

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME FOX, JAMES
STREET ADDRESS 200 JOHN JAMES AUDUBON PKWY
CITY-STATE-ZIP WEST AMHERST NY

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

P D

☒ Change ☐ Addition

NAME CAMPBELL, DAVID N.
STREET ADDRESS 800 DELAWARE AVE
CITY-STATE-ZIP BUFFALO NY

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☒ DELETE

6.1 TITLE

D

☐ Change ☒ Addition

NAME OYAMATA, AKIO
STREET ADDRESS 10 SHERIDAN DR
CITY-STATE-ZIP TONAWANDA NY

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

John R. Barran
100 Jefferson Street, South
Huntsville, AL 35801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vice President & Treasurer

1/23/96

716-639-5217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)