## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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  C/O TAX DEPARTMENT 200 JOHN JAMES AUDUBON PKWY WEST AMHERST NY 14228 US  US						DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified 12/17/1984	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26				16-1234032	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	<b>⊢</b> —,	Country		8. This corporation owes or has paid the cur	
24 25 29 39  9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. xxx Yes No  10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM				81	Name	ID. Hallis and Addiess of Non-Hegisterson	<u> </u>
1200 S. PINE ISLAND ROAD				-	0		
	ANTATION FL 33324			82 Street Add		ress (P.O. Box Number is Not Acceptable)	
				83			
				84	City	FL	85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the obli	02 and 607.1508, Florid e of Florida. Such chang gations of, Section 607.0	la Statutes, the ge was author 0505, Florida	e abovi rized by Statute:	e-named cor the corpora s.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE Signature typod or profiled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling)  DATE							
			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	CD	☐ DEI	LETE 1	I.1 TITLE			Change Addition
NAME STREET ADDRESS  YUKIO NAKAYAMA 200 JOHN JAMES AUDUBON PKWY WEST ANNEDST NV			1	1.2 NAME 1.3 STREET ADDRESS			
			1				

CITY-ST-ZIP MEDI WALLENDI MI I.4 CITY-ST-ZIP **K** DELETE Treasurer X Change Addition TITLE 2.1 TITLE OSBORN, L.N. NAME 2.2 NAME Mary L. Kasprzak 200 JOHN JAMES AUDUBON PKWY 200 John James Audubon Pkwy STREET ADDRESS 2.3 STREET ADDRESS WEST AMHERST NY CITY - ST - ZIP 2. 4 CITY - ST - ZIP West Amherst, NY 14228 Change DELETE Addition TITLE 3.1 TITLE GALOPPO, JAMES NAME 3.2 NAME 200 JOHN JAMES AUDUBON PARKWAY 3.3 STREET ADDRESS STREET ADDRESS WEST AMHERST NY CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE THOMAS J OCCHINO NAME 4. 2 NAME 200 JOHN JAMES AUDUBON PKWY STREET ADDRESS 4.3 STREET ADDRESS WEST AMHERST NY CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE CAMPBELL, DAVID N. 5.2 NAME NAME **800 DELAWARE AVE** STREET ADDRESS 5.3 STREET ADDRESS **BUFFALO NY** 5.4 CITY-ST-ZIP CITY-S1-ZIP ☐ DELETE \_\_\_ Change Addition TITLE 61 TITLE BARRAN, JOHN R. 62 NAME NAME 100 JEFFERSON ST. S. 6.3 STREET ADDRESS STREET ADDRESS **HUNTSVILLE AL** 6.4 CITY-ST-ZIP CITY-ST-ZiP

14. 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 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

Mary I

Mary L. Kasprzak Treasurer 4/6/98 716-639-5217

**FILED** 

Apr 16 1998 8:00am

Secretary of State

SIGNATURE:

:R2E034 (10/97)