

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90141 021 ***150.00

DOCUMENT # P04365

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1984

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME YUKIO NAKAYAMA
STREET ADDRESS 200 JOHN JAMES AUDUBON PKWY
CITY-ST-ZIP WEST AMHERST NY

TITLE T
NAME KASPRZAK, MARY L
STREET ADDRESS 200 JOHN JAMES AUDUBON PKWY
CITY-ST-ZIP WEST AMHERST NY 14228

TITLE V
NAME GALOPPO, JAMES
STREET ADDRESS 200 JOHN JAMES AUDUBON PARKWAY
CITY-ST-ZIP WEST AMHERST NY

TITLE S
NAME THOMAS J OCCHINO
STREET ADDRESS 200 JOHN JAMES AUDUBON PKWY
CITY-ST-ZIP WEST AMHERST NY

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

TITLE D
NAME BARRAN, JOHN R.
STREET ADDRESS 100 JEFFERSON ST. S.
CITY-ST-ZIP HUNTSVILLE AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary L. Kasprzak
Treasurer

4/13/99

716-639-5217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)