

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

FILED
May 14 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P08336** (0)
1. Corporation Name
TIRE CENTERS, INC.



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| Principal Place of Business 300 N. CLEVELAND-MASSILLON RD., SUITE 200 AKRON OH 44333-2484 US | Mailing Address 300 N. CLEVELAND-MASSILLON RD., SUITE 200 AKRON OH 44333-2484 US |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 12/09/1985 | |
| | | | | 4. FEI Number 34-1492712 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|--|--|---|--|--|--|
| 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 CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 84 City TALLAHASSEE FL 85 Zip Code 32301 | | | |
|--|--|--|--|---|--|--|--|

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 *Lisa G. Mulligan* **LISA G. MULLIGAN / ASSISTANT PRESIDENT 4-28-98**
(NOTE: Registered Agent signature required when reconstituting) DATE

| | | | | | | | |
|----------------------------|------------------------|------|---------------------|---|--|---------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | CD | NAME | BERLIN, JAMES | 1.1 TITLE | | 1.2 NAME | |
| STREET ADDRESS | 22656 CARAVELLE CIRCLE | | | 1.3 STREET ADDRESS | | 1.4 CITY - ST - ZIP | |
| CITY - ST - ZIP | BOCA RATON FL | | | 2.1 TITLE | | 2.2 NAME | |
| | | | | 2.3 STREET ADDRESS | | 2.4 CITY - ST - ZIP | |
| TITLE | P | NAME | BERLIN, JAMES | 3.1 TITLE | | 3.2 NAME | |
| STREET ADDRESS | 22656 CARAVELLE CIRCLE | | | 3.3 STREET ADDRESS | | 3.4 CITY - ST - ZIP | |
| CITY - ST - ZIP | BOCA RATON FL | | | 4.1 TITLE | | 4.2 NAME | |
| | | | | 4.3 STREET ADDRESS | | 4.4 CITY - ST - ZIP | |
| TITLE | VP | NAME | CAPOROSSI, RONALD J | 5.1 TITLE | | 5.2 NAME | |
| STREET ADDRESS | 38231 DODDS HILL DR. | | | 5.3 STREET ADDRESS | | 5.4 CITY - ST - ZIP | |
| CITY - ST - ZIP | WILLOUGHBY HILLS OH | | | 6.1 TITLE | | 6.2 NAME | |
| | | | | 6.3 STREET ADDRESS | | 6.4 CITY - ST - ZIP | |
| TITLE | VPST | NAME | LAWRENCE, TERRY A. | | | | |
| STREET ADDRESS | 4219 BIG SPRUCE | | | | | | |
| CITY - ST - ZIP | AKRON OH | | | | | | |
| TITLE | AST | NAME | BERLIN, MADELINE | | | | |
| STREET ADDRESS | 22656 CARAVELLE CIRCLE | | | | | | |
| CITY - ST - ZIP | BOCA RATON FL | | | | | | |
| TITLE | VP | NAME | SNYDER, DAVID | | | | |
| STREET ADDRESS | 3439 SADDLEBORO DRIVE | | | | | | |
| CITY - ST - ZIP | UNIONTOWN OH | | | | | | |

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.

SIGNATURE *Terry A. Lawrence* **TERRY A. LAWRENCE**

CR2E034 (10/97)