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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P12880**

1. Corporation Name

NATIONAL WHEEL AND RIM ASSOCIATION INC.

* 5 1 4 3 8 7 *
514307 - 90040 - 25

Principal Place of Business	Mailing Address
5121 BOWDEN ROAD. SUITE 303 JACKSONVILLE FL 32216-2950	5121 BOWDEN ROAD. SUITE 303 JACKSONVILLE FL 32216-2950

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/13/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 42-0761277 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARBOUR, JEPTHA F. 1200 GULF LIFE DRIVE 800 SOUTHEAST BANK BUILDING JACKSONVILLE FL 32207	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	SCHILLING, TOM		1.2 NAME	Stewart, Thomas	
STREET ADDRESS	1419 9TH AVENUE		1.3 STREET ADDRESS	301 N. Smith St	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Charlotte, NC 28202	
TITLE	D	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	MORROW, RICHARD		2.2 NAME	Bauer, Larry	
STREET ADDRESS	200 S. CAMERON ST		2.3 STREET ADDRESS	900 S. 17th St.	
CITY-ST-ZIP	HARRISBURG PA		2.4 CITY-ST-ZIP	Louisville, KY 40203	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	FICK, DEBRA		3.2 NAME	Cousins, John	
STREET ADDRESS	1011 S. MAIN ST.		3.3 STREET ADDRESS	2500 Kennedy St, NE	
CITY-ST-ZIP	SOUTH BEND IN		3.4. CITY-ST-ZIP	Mnpls., MN 55413	
TITLE	S	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	VOLPE, ANGELO		4. 2 NAME	Henderson, Mike	
STREET ADDRESS	5121 BOWDEN RD #303		4.3 STREET ADDRESS	1825 S. 300 W.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Salt Lake City, UT 84115	
TITLE	D	☑ DELETE	5.1 TITLE	DT	☐ Change ☑ Addition
NAME	CALLISON, MIKE		5.2 NAME	Raymond, Paul	
STREET ADDRESS	1436 E OVID AVE		5.3 STREET ADDRESS	52 Wright Ave.	
CITY-ST-ZIP	DES MOINES IA		5.4 CITY-ST-ZIP	Dartmouth, NS B3B 1R3	
TITLE	DT	☐ DELETE	6.1 TITLE	DP	☑ Change ☐ Addition
NAME	DISANO, LARRY		6.2 NAME		
STREET ADDRESS	1550 GAGE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MONTEBELLO CA		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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: Angelo Volpe SIGNATURE REQUIRED — VOLPE — 4-30-99 — 904/737-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #