

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22334 (7)
1. Corporation Name
PIRELLI TIRE CORPORATION

Principal Place of Business
500 SARGENT DRIVE
NEW HAVEN CT 06511

Mailing Address
500 SARGENT DRIVE
NEW HAVEN CT 06511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-0246445	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE		Change	Addition
NAME	FERRARIO, GIOVANNI			1.2 NAME			
STREET ADDRESS	500 SARGENT DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW HAVEN CT 06538			1.4 CITY-ST-ZIP			
TITLE	VP	DELETE		2.1 TITLE	GIOVANNI RIMONDI VP	Change	Addition
NAME	REDFERN, PETER F			2.2 NAME	10701 IDAHO AVE		
STREET ADDRESS	500 SARGENT DRIVE			2.3 STREET ADDRESS	HANFORD, CA 93230		
CITY-ST-ZIP	NEW HAVEN CT 06538			2.4 CITY-ST-ZIP			
TITLE	VP	DELETE		3.1 TITLE	NICOLA MELILLO VP	Change	Addition
NAME	NATHANSOHN, ALBERTO			3.2 NAME	500 SARGENT DR.		
STREET ADDRESS	500 SARGENT DRIVE			3.3 STREET ADDRESS	NEW HAVEN CT 06536		
CITY-ST-ZIP	NEW HAVEN CT 06538			3.4 CITY-ST-ZIP			
TITLE	C	DELETE		4.1 TITLE		Change	Addition
NAME	KAUFMAN, ROBERT M.			4.2 NAME			
STREET ADDRESS	345 E 52ND ST 6D			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			4.4 CITY-ST-ZIP			
TITLE	VP	DELETE		5.1 TITLE		Change	Addition
NAME	HUPPERT, BERNARD			5.2 NAME			
STREET ADDRESS	500 SARGENT DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW HAVEN CT 06538			5.4 CITY-ST-ZIP			
TITLE	S	DELETE		6.1 TITLE		Change	Addition
NAME	WILLARD, SHERWOOD S.			6.2 NAME			
STREET ADDRESS	500 SARGENT DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW HAVEN CT			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.

SIGNATURE _____

CR2E034 (10/97)