

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P39518

**Entity Name:** FRIEND TIRE COMPANY

**Current Principal Place of Business:**

11 INDUSTRIAL DRIVE  
MONETT, MO 65708

**Current Mailing Address:**

1 MACARTHUR PLACE  
SUITE 800  
SANTA ANA, CA 92707 US

**FEI Number:** 43-1609347

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ISBELL, LANCE L.  
Address        11 INDUSTRIAL DRIVE  
City-State-Zip: MONETT MO 65708

Title            SECRETARY, TREASURER  
Name            MASUGUCHI, THOMAS  
Address        1 MACARTHUR PLACE  
                 SUITE 800  
City-State-Zip: SANTA ANA CA 92707

Title            CONTROLLER  
Name            COGGIN, STAN  
Address        11 INDUSTRIAL DRIVE  
City-State-Zip: MONETT MO 65708

Title            DIRECTOR  
Name            TAKIMOTO, SHINICHI  
Address        1 MACARTHUR PLACE  
                 SUITE 800  
City-State-Zip: SANTA ANA CA 92707

Title            CFO  
Name            KITASAKA, HAJIME  
Address        1 MACARTHUR PLACE, SUITE 800  
City-State-Zip: SANTA ANA CA 92707

Title            DIRECTOR  
Name            KASAMATSU, HIROMICHI  
Address        1 MACARTHUR PLACE  
                 SUITE 800 SUITE 800  
City-State-Zip: SANTA ANA CA 92707

Title            DIRECTOR  
Name            BARNA, JEFF  
Address        1 MACARTHUR PL, STE 800  
City-State-Zip: SANTA ANA CA 92707

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS MASUGUCHI

**SECRETARY**

**04/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date