

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

'95 MAR -7 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000934 (9)**

1. Corporation Name

BRIDGESTONE ENGINEERED PRODUCTS COMPANY, INC.

Principal Place of Business

555 MARRIOTT DR.
SUITE 830
NASHVILLE TN 37214

Mailing Address

555 MARRIOTT DR.
SUITE 830
NASHVILLE TN 37214

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 **555 Marriott Drive**

2a. Mailing Address

26 **50 Century Blvd.**

Suite, Apt. #, etc.

22 **Suite 830**

Suite, Apt. #, etc.

27 **Nashville, TN**

City & State

23 **Nashville, TN**

City & State

28 **Nashville, TN**

Zip

24 **37214**

Country

25 **U.S.A.**

Zip

29 **37214**

Country

30 **U.S.A.**

4. FEI Number
34-1672150

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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	PTD
NAME	HIOKI, MICHAEL
STREET ADDRESS	555 MARRIOTT DR., #830
CITY-ST-ZIP	NASHVILLE TN 37214
TITLE	D
NAME	CRIGGER, GARY B
STREET ADDRESS	50 CENTURY BLVD.
CITY-ST-ZIP	NASHVILLE TN 37214
TITLE	D
NAME	MCKEAN, SCOTT
STREET ADDRESS	50 CENTURY BLVD.
CITY-ST-ZIP	NASHVILLE TN 37214
TITLE	V
NAME	SEELE, DAVE
STREET ADDRESS	50 CENTURY BLVD.
CITY-ST-ZIP	NASHVILLE TN 37214
TITLE	S
NAME	SOLOMON, SAUL A
STREET ADDRESS	50 CENTURY BLVD.
CITY-ST-ZIP	NASHVILLE TN 37214
TITLE	AS
NAME	PACSI, MARY B
STREET ADDRESS	50 CENTURY BLVD.
CITY-ST-ZIP	NASHVILLE TN 37214

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears on Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President of Tax 02/28/95 (615) 872-1582

Title

Date of Filing