

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000934 (9)**

1. Corporation Name

**BRIDGESTONE ENGINEERED PRODUCTS COMPANY, INC.**



Principal Place of Business

Mailing Address

555 MARRIOTT DRIVE  
SUITE 830  
NASHVILLE TN 37214  
US

50 CENTURY BLVD  
SUITE 830  
NASHVILLE TN 37214  
US

3. Date Incorporated or Qualified **02/24/1994** 3a. Date of Last Report **03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION FL 33324

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HIOKI, MICHAEL	
STREET ADDRESS	555 MARRIOTT DR., #830	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRIGGER, GARY B	
STREET ADDRESS	50 CENTURY BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKEAN, SCOTT	
STREET ADDRESS	50 CENTURY BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEELE, DAVE	
STREET ADDRESS	50 CENTURY BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOLOMON, SAUL A	
STREET ADDRESS	50 CENTURY BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37214	
TITLE	AS	<input type="checkbox"/> DELETE
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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 405-872-1582

CR2E034 (12/95)