

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

**FILED**  
**Jan 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000934 (9)**  
 1. Corporation Name:  
**BRIDGESTONE ENGINEERED PRODUCTS COMPANY, INC.**



Principal Place of Business <b>555 MARRIOTT DRIVE SUITE 830 NASHVILLE TN 37214 US</b>	Mailing Address <b>50 CENTURY BLVD SUITE 830 NASHVILLE TN 37214-3672 US</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified <b>02/24/1994</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>34-1672150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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  
85. Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of officer or principal named in report or change of name, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. 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 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:  **1/15/97** **615-872-1582**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)