

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

FILED

**Jan 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 -555 MARRIOTT DRIVE L SUITE 830 NASHVILLE TN 37214 US	Mailing Address 50 CENTURY BLVD SUITE 830 NASHVILLE TN 37214 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 402 BVA Dr.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 212	Suite, Apt. #, etc. 27
City & State 23 Nashville TN	City & State 28
Zip 24 37217	Country 25 US

3. Date Incorporated or Qualified 02/24/1994	
4. FEI Number 34-1672150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIOKI, MICHAEL	1.2 NAME	
STREET ADDRESS	555 MARRIOTT DR., #830	1.3 STREET ADDRESS	402 BVA Drive, Suite 212
CITY-ST-ZIP	NASHVILLE TN 37214	1.4 CITY-ST-ZIP	Nashville, TN 37217
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIGGER, GARY B	2.2 NAME	
STREET ADDRESS	50 CENTURY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEAN, SCOTT	3.2 NAME	
STREET ADDRESS	50 CENTURY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELE, DAVE	4.2 NAME	
STREET ADDRESS	50 CENTURY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, SAUL A	5.2 NAME	
STREET ADDRESS	50 CENTURY BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACSI, MARY B	6.2 NAME	
STREET ADDRESS	50 CENTURY BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37214	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: _____ **REQUIRED** **1-7-98 410-872-1582**

CR2E034 (10/97)