

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90266 026 ***150.00

DOCUMENT # F94000000934

1. Entity Name
BRIDGESTONE ENGINEERED PRODUCTS COMPANY, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business BNA DR SUITE 212 NASHVILLE TN 37217 US | Mailing Address 50 CENTURY BLVD SUITE 830 NASHVILLE TN 37214-3672 US |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 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. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HIROSHI, NAKAMURA | |
| STREET ADDRESS | 402 BNA DRIVE, SUITE 212 | |
| CITY-ST-ZIP | NASHVILLE TN 37217 | |
| 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 | MCDONALD, SUSAN | |
| STREET ADDRESS | 50 CENTURY BLVD | |
| CITY-ST-ZIP | NASHVILLE TN 37214 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Glenn HAASE |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jim Southerland |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID SEELE** 4/28/00 615 822-1590
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99