


FILED
May 15, 2007 8:00 am
Secretary of State

04-25-2007 90183 047 ***150.00

**2007. FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 810971 1. Entity Name GENUINE PARTS COMPANY	
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Principal Place of Business 2999 CIRCLE 75 PARKWAY ATLANTA, GA 30339 US	Mailing Address GPC FINANCE DEPT 2999 CIR 75 PKWY ATLANTA, GA 30339 US
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DO NOT WRITE IN THIS SPACE

66015043



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0254510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**FOSTER, MIKE
1090 HAINES ST.
JACKSONVILLE, FL 32206**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C GALLAGHER, THOMAS 2999 CIRCLE 75 PARKWAY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP NIX, JERRY W 2999 CIRCLE 75 PARKWAY ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GALLAGHER, THOMAS 2999 CIRCLE 75 PARKWAY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOWARD, FRANK 2999 CIRCLE 75 PKWY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S YANCEY, CAROL B 2999 CIRCLE 75 PARKWAY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Frank Howard** 5/11/2007 770-953-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone



ATTACHMENT

66015043

#810971

GENUINE PARTS COMPANY

2999 CIRCLE 75 PARKWAY

ATLANTA, GEORGIA 30339

(770) 953-1700

FAX: (770) 956-2211

May 11, 2007

**Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314**

This letter is in response to reference number 810971. I apologize for not completing the Florida Annual Report, enclosed your original letter and signed application. Please call me if there are any other issues with the annual report.

Thanks,

A handwritten signature in cursive script that reads "Scott Snyder".

Scott Snyder
Genuine Parts Company
Finance Department
(770) 612-2051