


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90383 003 ***150.00

DOCUMENT # 831578

1. Entity Name
MONTGOMERY WARD AUTO CLUB, INC.



Principal Place of Business
**% DAN BLINDAUER
200 N MARTINGALE RD
SCHAUMBURG IL 60173-2096**

Mailing Address
**% DAN BLINDAUER
200 N MARTINGALE RD
SCHAUMBURG IL 60173-2096**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	MARINELLO, KATHRYN V	
STREET ADDRESS	200 N MARTINGALE RD	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	EUWEMA, JOHN B.	
STREET ADDRESS	200 NORTH MARTINGALE RD.	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRIZZIA, GARY T	
STREET ADDRESS	6620 WEST BROAD STREET 4TH FLOOR	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	MAC FARLANE, GREGORY	
STREET ADDRESS	200 N MARTINGALE RD	
CITY-ST-ZIP	SCHAUMBURG IL 60173-2096	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES WOHLER	
STREET ADDRESS	200 N MARTINGALE RD	
CITY-ST-ZIP	SCHAUMBURG, IL. 60173-2096	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED SECRETARY 1/31/03 (847) 605-7390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)