2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90297 035 ***150.00

DOCUMENT # F97000003505

1. Entity Name
REGAL PARTS CORPORATION

Principal Place of Business	Mailing Address
607 MARKET ST. #200 KNOXVILLE TN 37902	PO BOX 2529 KNOXVILLE TN 37901

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
507 South Gay Street	
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.
City & State: Knoxville TN	City & State
Zip: 37902 Country: Knox	Zip Country

4. FEI Number 62-0581859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC CONLEY, W M 607 MARKET ST., #200 KNOXVILLE TN 37902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC CONLEY W.M. 507 South Gay St #800 Knox TN 37902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TREADWELL, ELIZABETH M 607 MARKET ST., #200 KNOXVILLE TN 37902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TREADWELL, ELIZABETH M 507 South Gay ST #800 Knox TN 37902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIGER, WILLARD 607 MARKET ST., #200 KNOXVILLE TN 37902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIGER, WILLARD 507 South Gay ST #800 Knox TN 37902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TURNER, MARTA L 607 MARKET STREET #200 KNOXVILLE TN 37902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TURNER, MARTA L 507 South Gay ST #800 Knox TN 37902	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] TREAS/CFO 4/14/05 865 523 1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #