

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G09857

FILED
Apr 24, 2010
Secretary of State

Entity Name: KEYSTONE AUTOMOTIVE INDUSTRIES FL, INC.

Current Principal Place of Business:

11701 NW 101ST ROAD
MEDLEY, FL 33178 US

New Principal Place of Business:

655 GRASSMERE PARK DRIVE
NASHVILLE, TN 37211 US

Current Mailing Address:

655 GRASSMERE PARK DRIVE
NASHVILLE, TN 37211 US

New Mailing Address:

FEI Number: 59-2283788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: HOLSTEN, JOSEPH M
Address: 120 N. LASALLE STREET, SUITE 3300
City-St-Zip: CHICAGO, IL 60602

Title: VD
Name: QUINN, JOHN S
Address: 120 N. LASALLE STREET, SUITE 3300
City-St-Zip: CHICAGO, IL 60602

Title: S
Name: HANLEY, WALTER P
Address: 120 N. LASALLE STREET, SUITE 3300
City-St-Zip: CHICAGO, IL 60602

Title: V
Name: CASINI, VICTOR M
Address: 120 N. LASALLE STREET, SUITE 3300
City-St-Zip: CHICAGO, IL 60602

Title: V
Name: ERLAIN, FRANK P
Address: 120 N. LASALLE STREET, SUITE 3300
City-St-Zip: CHICAGO, IL 60602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER P HANLEY

SEC

04/24/2010

Electronic Signature of Signing Officer or Director

_____ Date