FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:39

DOCUMENT # H47410 (6)

1. Corporation Name
DISCOUNT TIRE CO.

Principal Place of Business	Mailing Address
14631 N. SCOTTSDASLE RD. SCOTTSDALE AZ 85254-9711	14631 N. SCOTTSDASLE RD. SCOTTSDALE AZ 85254-9711

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 14631 N. SCOTTSDALE	26 14631 N. SCOTTSDALE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/15/1985
3a. Date of Last Report: 03/01/1994
4. FEI Number: 86-0515443 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	HALLE, BRUCE T.	1.2 NAME	
STREET ADDRESS	14631 N. SCOTTSDASLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	1.4 CITY-ST-ZIP	85254
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition
NAME	VON VOIGTLANDER, THEODOR	2.2 NAME	
STREET ADDRESS	903 AIRPORT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI	2.4 CITY-ST-ZIP	48108
TITLE	ST	3.1 TITLE	☐ Change ☒ Addition
NAME	HOLMAN, ROBERT H.	3.2 NAME	
STREET ADDRESS	14631 N. SCOTTSDASLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	3.4 CITY-ST-ZIP	85254
TITLE	AST	4.1 TITLE	☐ Change ☒ Addition
NAME	SCHAFER, TIMOTHY J.	4.2 NAME	
STREET ADDRESS	903 AIRPORT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI	4.4 CITY-ST-ZIP	48108
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	MUGLIA, DEAN	5.2 NAME	
STREET ADDRESS	14631 N SCOTTSDALE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	5.4 CITY-ST-ZIP	85254
TITLE	D	6.1 TITLE	☒ Change ☒ Addition
NAME	SILHASER, JAMES	6.2 NAME	SILHASEK, JAMES
STREET ADDRESS	14631 N SCOTTSDALE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	6.4 CITY-ST-ZIP	85254

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ TIMOTHY J. SCHAFER ASST SEC/TREAS. 1/31/95 (313) 769-6870
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481474 FP