FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2002 8:00 am DOCUMENT # H47410 **Secretary of State** 1. Entity Name 02-05-2002 90125 030 \*\*\*150.00 DISCOUNT TIRE CO. Principal Place of Business Mailing Address **5011 GATE PARKWAY** 14631 N. SCOTTSDALE RD. SUITE 100 SCOTTSDALE AZ 85254-9711 JACKSONVILLE FL 32256 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 86-0515443 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) TITLE TITLE ☐ Addition ☐ Delete NAME NAME HALLE, BRUCE T. STREET ADDRESS 14631 N. SCOTTSDASLE RD. STREET ADDRESS CITY-ST-ZIP SCOTTSDALE AZ CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME HOLMAN, ROBERT H. STREET ADDRESS STREET ADDRESS 14631 N. SCOTTSDASLE RD. CITY-ST-7IP CITY-ST-ZIP SCOTTSDALE AZ ☐ Change Addition TITLE ☐ Delete TITLE ast NAME NAME SCHAFER, TIMOTHY J. STREET ADDRESS STREET ADDRESS 3940 RANCHERO DR. SUITE 100 CITY-ST-7IP CITY-ST-ZIP ANN ARBOR MI 48108 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME MUGLIA, DEAN STREET ADDRESS STREET ADDRESS 14631 N SCOTTSDALE RD CITY-ST-ZIP CITY-ST-7IP SCOTTSDALE AZ ☐ Delete TITLE Change ☐ Addition TITLE **EVP** NAME SILHASEK, JAMES NAME STREET ADDRESS STREET ADDRESS 14631 N SCOTTSDALE RD CITY-ST-ZIP CITY-ST-7IP SCOTTSDALE AZ TITLE ☐ Delete TITLE Change ☐ Addition NAME BRUNT, GARY VAN NAME 14631 N. SCOTTSDALE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85254 13. 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 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

IGNING OFFICER OR DIRECTOR ASST. SCHAFFER Date Daytime Phone # TYPPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR