

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90016 048 \*\*\*150.00

DOCUMENT # P06873

1. Corporation Name  
CAPITAL AUTOMOTIVE RESOURCES, INC.



Principal Place of Business

600 HART RD  
P.O. BOX 8109  
BARRINGTON IL 60010  
US

Mailing Address

DEPT. 8209  
260 LONG RIDGE RD. IAMS  
STAMFORD CT 06927-9621  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/25/1985

4. FEI Number

99-0191099

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPT ☐ DELETE

NAME HYDE, JEFFREY L  
STREET ADDRESS 260 LONG RIDGE RD.  
CITY-ST-ZIP STAMFORD CT

TITLE PD ☐ DELETE

NAME DERICKSON, SANDRA  
STREET ADDRESS 600 HART RD.  
CITY-ST-ZIP BARRINGTON IL

TITLE D ☐ DELETE

NAME STEWART, EDWARD D.  
STREET ADDRESS 600 HART ROAD  
CITY-ST-ZIP BARRINGTON IL

TITLE T ☐ DELETE

NAME WERNER, JEFFREY S.  
STREET ADDRESS 777 LONG RIDGE RD.  
CITY-ST-ZIP STAMFORD CT

TITLE S ☐ DELETE

NAME GRABER, SARAH J.  
STREET ADDRESS 600 HART ROAD  
CITY-ST-ZIP BARRINGTON IL

TITLE V ☒ DELETE

NAME BRENNAN, WILLIAM H.  
STREET ADDRESS 777 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Best Treas. Taxes  
1.3 STREET ADDRESS Donn Amato  
1.4 CITY-ST-ZIP 260 Long Ridge Rd  
Stamford CT 06927

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

203-357-4544

4.28.99