

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90063 035 ***150.00

DOCUMENT # 402764

1. Entity Name
DISCOUNT AUTO PARTS, INC.

| | |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Principal Place of Business 4900 FRONTAGE RD..S. P.O.BOX 8080 LAKELAND FL 33801 | Mailing Address 4900 FRONTAGE RD..S. P.O.BOX 8080 LAKELAND FL 33801 |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------------------------|--------------------------------------------|
| 2. Principal Place of Business P.O. BOX 2710 | 3. Mailing Address P.O. BOX 2710 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------------------|------------------------------------------|
| City & State ROANOKE, VIRGINIA | City & State ROANOKE, VIRGINIA |
|------------------------------------------|------------------------------------------|

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-1447420 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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|--------------------------|---------|--------------------------|---------|----------------------------------------------------------------------------------------------------|
| Zip 24001-2710 | Country | Zip 24001-2710 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|--------------------------|---------|--------------------------|---------|----------------------------------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent FONTAINE, PETER J 4900 FRONTAGE ROAD SOUTH LAKELAND FL 33801 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALLING, DAVID P 4900 FRONTAGE RD SO LAKELAND FL 33815 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC FONTAINE, PETER 4900 FRONTAGE RD SO LAKELAND FL 33815 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARDLOW, E.E. 4900 S FRONTAGE RD LAKELAND FL 33815 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEBSTER, CHARLES JR 4900 S FRONTAGE RD LAKELAND FL 33815 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOV MOORE, C MICHAEL 4900 FRONTAGE RD S LAKELAND FL 33815 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEE ATTACHED <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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

SIGNATURE: *C. Michael Moore* **2-4-2002** **540-362-4911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
DOC# 402764
B0030910

DISCOUNT AUTO PARTS, INC.
(Florida)

BOARD OF DIRECTORS

Lawrence P. Castellani
Jimmie L. Wade
Eric M. Margolin
Jeffrey T. Gray

NUMBER OF DIRECTORS

The number of directors of which shall constitute the entire Board of Directors shall be not less than one nor more than seven. Within these limits the actual number constituting the entire Board shall be that fixed from time to time by Board resolution, and until such time as the Board determines otherwise, the number of directors shall be one. No reduction in the number of Directors shall have the effect of removing any director prior to the expiration of his term of office.

CURRENT OFFICERS OF CORPORATION

| | |
|--------------------|---------------------------------------------------------------------------|
| Peter J. Fontaine | Chief Executive Officer |
| C. Michael Moore | Executive Vice President - Finance, Chief Financial Officer and Secretary |
| Clement A. Bottino | Vice President - Human Resources |
| Michael D. Harrah | Vice President - Information Systems |
| C. Roy Martin | Vice President - Supply Chain and Logistics |
| Thomas A. Merk | Vice President - Sales and Marketing |
| David C. Viele | Vice President - Purchasing |
| Joe Villavicencio | Vice President - Operations |
| Anthony Bottino | Vice President - Operations |
| Doug Snyder | Vice President - Operations |
| Jimmie L. Wade | Vice President and Assistant Treasurer |
| Eric M. Margolin | Assistant Secretary |
| Jeffrey T. Gray | Vice President and Assistant Treasurer |

The business addresses of all officers and directors is:

5673 Airport Road
Roanoke, VA 24012