

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90040 004 \*\*\*150.00

DOCUMENT # 402764  
1. Entity Name  
DISCOUNT AUTO PARTS, INC.

**DO NOT WRITE IN THIS SPACE**

94036712

2. Principal Place of Business 5673 AIRPORT ROAD Suite, Apt. #, etc.	3. Mailing Address PO BOX 2710 Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State ROANOKE, VA	City & State ROANOKE, VA	4. FEI Number 59-1447420	Applied For Not Applicable
Zip 24012	Country USA	Zip 24001-2710	Country USA
		6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable) C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
City PLANTATION FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
--	---

10. OFFICERS AND DIRECTORS		
<p>TITLE CHAIRMAN/CEO NAME LAWRENCE P. CASTELLANI STREET ADDRESS 5673 AIRPORT ROAD CITY - ST - ZIP ROANOKE, VA 24012</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<b>DO NOT WRITE IN THIS SPACE</b>
<p>TITLE PRESIDENT/DIRECTOR NAME JIMMIE L. WADE STREET ADDRESS 5673 AIRPORT ROAD CITY - ST - ZIP ROANOKE, VA 24012</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
<p>TITLE VICE PRESIDENT/SECRETARY/DIRECTOR NAME ERIC M. MARGOLIN STREET ADDRESS 5673 AIRPORT ROAD CITY - ST - ZIP ROANOKE, VA 24012</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
<p>TITLE VICE PRESIDENT/TREASURER/DIRECTOR NAME JEFFREY T. GRAY STREET ADDRESS 5673 AIRPORT ROAD CITY - ST - ZIP ROANOKE, VA 24012</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey T. Gray VP AND TREASURER 3/22/04 (540) 362-4911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)