

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05254

Entity Name: PARTSFLEET, INC.

FILED
Feb 25, 2011
Secretary of State

Current Principal Place of Business:

2251 LYNX LANE
SUITE 7
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

7701 FORSYTH BLVD.
SUITE 600
ST. LOUIS, MO 63105 US

New Mailing Address:

FEI Number: 59-2862591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: JANNING, JAMES C
Address: 7701 FORSYTH BLVD., SUITE 600
City-St-Zip: ST. LOUIS, MO 63105 US

Title: P
Name: PADNIS, JEFFREY
Address: 2251 LYNX LANE
City-St-Zip: ORLANDO, FL 32804 US

Title: DEVP
Name: HAMACHER, SAMUEL A
Address: 7701 FORSYTH BLVD., SUITE 600
City-St-Zip: ST. LOUIS, MO 63105

Title: DVP
Name: FOX, STEVEN M
Address: 7701 FORSYTH BLVD., SUITE 600
City-St-Zip: ST. LOUIS, MO 63105

Title: DT
Name: SANTONI, MICHAEL P
Address: 7701 FORSYTH BLVD., SUITE 600
City-St-Zip: ST. LOUIS, MO 63105

Title: DS
Name: BEINKE, GARY D
Address: 7701 FORSYTH BLVD., SUITE 600
City-St-Zip: ST. LOUIS, MO 63105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL P. SANTONI

DT

02/25/2011

Electronic Signature of Signing Officer or Director

Date