

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90329 044 ***550.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 014843

1. Entity Name
WARREN WOOTEEN FORD, INC.



Principal Place of Business
 4225 NAPERVILLE RD.
 LISLE, IL 60532

Mailing Address
 4225 NAPERVILLE RD.
 LISLE, IL 60532

10109905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-0452670

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME SOTIR, MARK
 STREET ADDRESS 4225 NAPERVILLE RD.
 CITY-ST-ZIP LISLE, IL 60532

TITLE SD Delete
 NAME APRATI, ROBERT L
 STREET ADDRESS 4225 NAPERVILLE RD.
 CITY-ST-ZIP LISLE, IL 60532

TITLE VPD Delete
 NAME JOHNSON, WILLIAM S
 STREET ADDRESS 4225 NAPERVILLE RD.
 CITY-ST-ZIP LISLE, IL 60532

TITLE VP Delete
 NAME KRAM, THOMAS L
 STREET ADDRESS 4225 NAPERVILLE RD.
 CITY-ST-ZIP LISLE, IL 60532

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas L. Kram
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-03
 Date

Daytime Phone #

CFR2E034 (10/02)