

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001155

**Entity Name:** MCI SERVICE PARTS, INC.

**Current Principal Place of Business:**

200 EAST OAKTON STREET  
DES PLAINES, IL 60018

**Current Mailing Address:**

200 EAST OAKTON STREET  
DES PLAINES, IL 60018 US

**FEI Number: 86-0300647**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title PD  
Name HELLER, RICHARD A  
Address 200 EAST OAKTON STREET  
City-State-Zip: DES PLAINES IL 60018

Title CFOT  
Name MORISON, SANDRA  
Address 1475 CLARENCE AVENUE  
City-State-Zip: WINNIPEG MB R3T1T-5

Title VS  
Name NALEPKA, TIMOTHY J  
Address 200 EAST OAKTON STREET  
City-State-Zip: DES PLAINES IL 60018

Title D  
Name SCULLY, PATRICK J  
Address 200 EAST OAKTON STREET  
City-State-Zip: DES PLAINES IL 60018

Title AS  
Name SCHUPPE, CRAIG D  
Address 200 EAST OAKTON STREET  
City-State-Zip: DES PLAINES IL 60018

*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: TIMOTHY J. NALEPKA**

**SR VP GC AND SEC'Y**

**03/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date