


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 242583		
1. Entity Name UNIVERSAL PARTS WAREHOUSE, INC.		

FILED

2007 JUL -9 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2635 MILLBROOK RD RALEIGH, NC 27604	Mailing Address PO BOX 26006 RALEIGH, NC 27611
---	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06212007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0934216		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
-----------------------	--	-----------------------------

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL, STEVEN J 3169 WHISPER WIND DR SAINT CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P J. Michael Riess II 2635 E. Millbrook Rd. Raleigh, NC 27604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL, DORIS H 3203 MISTY MORN CT ST CLOUD, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John W. Gardner 2635 E. Millbrook Rd. Raleigh, NC 27604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOLEY, KAREN D 18 N. PARRAMORE AVENUE ORLANDO, FL 32802 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Robert A. Wicker 2635 E. Millbrook Rd. Raleigh, NC 27604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, LINDA M 18 N. PARRAMORE AVENUE ORLANDO, FL 32802 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Richard B. Guirlinger 2635 E. Millbrook Rd. Raleigh, NC 27604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELMAN, JAMES 2635 MILLBROOK RD RALEIGH, NC 27604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		800106259218 07/17/07--01020--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S J. Hines Johnson III 2635 E. Millbrook Rd. Raleigh, NC 27604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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:  June 1, 2007 (919) 872-5126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #