DOCUMENT # 66333 1. Entity Name BLACKHORSE AUTO PARTS, INC.						Secretary of State 07-10-2001 90124 015 ***158.75				
Principal Pla	ace of Business	Malling Address		<u> </u>						
Principal Place of Business     3. Malling Address					A0076536					
9205 E. COLONIAL Suite, Apt. #, etc.		ATTN: LEGAL DEPARTMENT Suite, Apt. #, etc. 120 N. LASALLE ST. #3300			DO NOT WRITE IN THIS SPACE					
City & Sta	nte NDO, FL	City & State CHICAGO, IL			4. FEI Nu	mber 591985	216	<del>  </del>	opplied For lot Applicable	
Zip 328	Country 17 USA	zip 60602	Count US	•	5. Certific	ate of Status Desired		\$8.75 Ad	Iditional	
	6. Name and Address of Current R	Name	Name and Address of New Registered Agent							
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.				Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324				014						
The above named entity submits this statement for the purpose of changing its register			recistere	City d office or regist	FL Zip Code					
SIGNATURE										
Tax filing (See crite	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOWII After MAY 1, 200 Make Check Payabl	PEE 1 Fee y e to De	l3 \$150.00 vili be \$550.00	10.	Election Campaign Fir Trust Fund Contributio	n.	Ädde	00 May Be d to Fees	
11. TILE	OFFICERS AND D	IRECTORS Delete	12. TITLE		ADDITION	NS/CHANGES TO OFF		DIRECTOR  Change	S IN 11	
NAME STREET ADORESS	PRESIDENT JOSEPH M. HOLSTEN 120 N. LASALLE STREE	r, #3300	1	TADORESS					_	
CITY-ST-ZIP	VP & CFO	☐ Delete	TITLE	ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MARK T. SPEARS 120 N. LASALLE STREET CHICAGO, IL 60602	r, #3300	NAME STREE CITY-S	T ADDRESS						
TITLE NAME STREET ADDRESS	TREASURER FRANK P. ERLAIN	☐ Delete	TITLE NAME STREET	T ADDRESS				☐ Change	Addition	
CTTY-ST-ZIP	120 N. LASALLE ST. #3 CHICAGO, IL 60602 SECRETARY		CITY-S	. 1		· · · · · · · · · · · · · · · · · · ·	}			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL J. HEMMER 120 N. LASALLE ST. #3 CHICAGO, IL 60602	□ Delete	NAME STREET CITY-S	TADDRESS ST-ZIP		. •	i	☐ Change	☐ Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CLIY-S	ADORESS ST-ZIP		Michigan and Andrews	•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZEP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	*	**************************************		☐ Change	☐ Addition	
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  DANIEL J. HEMMER SECRETARY 6/28/01 312-280-3706										

2001 UNIFORM BUSINESS REPORT (UBR)

660313

FILED Jul 10, 2001 8:00 am Secretary of State