


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 660313 1. Entity Name BLACK HORSE AUTO PARTS, INC.	
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Principal Place of Business 120 N. LASALLE ST. SUITE 330 CHICAGO, IL 60602	Mailing Address 120 N. LASALLE ST. SUITE 330 CHICAGO, IL 60602
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1985216	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

U00000195593
01/26/05-80032-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLSTEN, JOSEPH M 120 N. LASALLE #3300 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ERLAIN, FRANK P 120 N LASALLE #3300 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANLEY, WALTER P 120 N. LASALLE ST., #3300 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCO SPEARS, MARK T 120 N LASALLE ST STE 3300 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. *Walter P. Hanley*

SIGNATURE:

Walter P. Hanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/05 *312-621-1900*