

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90113 029 ***150.00

DOCUMENT # 660313

1. Entity Name
BLACK HORSE AUTO PARTS, INC.



Principal Place of Business
**9205 E COLONIAL DR
ORLANDO FL 32817**

Mailing Address
**ATTN: LEGAL DEPARTMENT
120 N LASALLE ST # 3300
CHICAGO IL 60602**

2. Principal Place of Business
120 N. LaSalle St.

3. Mailing Address
120 N. LaSalle St.

Suite, Apt. #, etc.
Suite 3300

Suite, Apt. #, etc.
Suite 3300

City & State
Chicago, IL

City & State
Chicago, IL

Zip **60602** Country **US**

Zip **60602** Country **US**

4. FEI Number **59-1985216**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **HOLSTEN, JOSEPH M**
STREET ADDRESS **120 N. LASALLE #3300**
CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **VT** ☐ Delete
NAME **ERLAIN, FRANK P**
STREET ADDRESS **120 N LASALLE #3300**
CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **S** ☒ Delete
NAME **HEMMER, DANIEL**
STREET ADDRESS **676 N MICHIGAN #4000**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **SVC0** ☐ Delete
NAME **SPEARS, MARK T**
STREET ADDRESS **120 N LASALLE ST STE 3300**
CITY-ST-ZIP **CHICAGO IL 60602**

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 **S**
STREET ADDRESS **Hanley, Walter P.**
CITY-ST-ZIP **120 N. LaSalle St. #3300**
Chicago, IL 60602

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

CR2E034 (10/02)