# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2008**
**Secretary of State**

DOCUMENT# 749834

**Entity Name:** TOWING AND RECOVERY ASSOCIATION OF AMERICA, INC.

**Current Principal Place of Business:**

2121 EISENHOWER AVE
SUITE 200
ALEXANDRIA, VA 22314 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 EISENHOWER AVE
SUITE 200
ALEXANDRIA, VA 22314 US

**New Mailing Address:**

**FEI Number: 59-1942901** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | COOLEY, HARRIET | |
| Address: | 2121 EISENHOWER AVE | |
| City-St-Zip: | ALEXANDRIA, VA 22314 US | |
| Title: | P | ( ) Delete |
| Name: | BREWER, SAM | |
| Address: | 1030 W. JEFFERSON ST. | |
| City-St-Zip: | BROOKSVILLE, FL 32765 | |
| Title: | V | ( ) Delete |
| Name: | FARRINGTON, DEWEY | |
| Address: | 1001 S.W. 3RD | |
| City-St-Zip: | OKLAHOMA CITY, OK 73109 | |
| Title: | T | ( ) Delete |
| Name: | SCHMIDT, CHUCK | |
| Address: | 1061 NORTHERN BLVD. | |
| City-St-Zip: | ROSLYN, NY 11576 | |
| Title: | D | ( ) Delete |
| Name: | PEDIGO, JOE | |
| Address: | 2233 SPRINGFIELD RD. | |
| City-St-Zip: | BLOOMINGTON, IL 61701 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | V | (X) Change ( ) Addition |
| Name: | GREGG, AL | |
| Address: | 214 FRONT ST | |
| City-St-Zip: | BROOKINGS, SD 57103 | |
| Title: | T | (X) Change ( ) Addition |
| Name: | TEDFORD, TOM | |
| Address: | 13 JOHN FITCH BLVD | |
| City-St-Zip: | SOUTH WINDSOR, CT 06074 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET S. COOLEY ED 02/06/2008

Electronic Signature of Signing Officer or Director — Date