

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # **815630** (9)
1. Corporation Name
WESTERN AUTO SUPPLY COMPANY



Principal Place of Business
**2107 GRAND AVE
KANSAS CITY MO 64108**

Mailing Address
**2107 GRAND AVE
KANSAS CITY MO 64108-1808**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1961		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 51-0099814		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of president or principal officer of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DANIEL H	1.2 NAME	
STREET ADDRESS	2107 GRAND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPLINGER, JAMES J.	2.2 NAME	
STREET ADDRESS	2107 GRAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARGILL, PHILLIP D	3.2 NAME	
STREET ADDRESS	2107 GRAND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEACH, JOHN R.	4.2 NAME	Chairman, CEO, Director
STREET ADDRESS	2107 GRAND AVE	4.3 STREET ADDRESS	Donald S Shaffer
CITY-ST-ZIP	KANSAS CITY, MO 00000	4.4 CITY-ST-ZIP	2107 Grand Avenue
TITLE	VPSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, ANTHONY (5.2 NAME	
STREET ADDRESS	2107 GRAND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO 00000	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURBIN, LAWRENCE D.	6.2 NAME	Treasurer
STREET ADDRESS	2107 GRAND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	6.4 CITY-ST-ZIP	

14. I do 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 included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BY: **Western Auto Supply Company**
Signature of President or Principal Officer of Registered Agent

4/21/97 (816) 346-4000
Date Daytime Phone

CR2E034 (9/96)