

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **822923** (9)

1. Corporation Name

AUTOPARTS FINANCE COMPANY, INC.



Principal Place of Business

Mailing Address

**15710 J.F.K. BLVD.
STE. 700
HOUSTON TX 77032-2347
US**

**15710 J.F.K. BLVD.
STE. 700
HOUSTON TX 77032-2347
US**

3. Date Incorporated or Qualified
06/11/1969

3a. Date of Last Report
05/01/1995

4. FEI Number

51-0001902

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and state if acceptable

(NOTE: Registered Agent signature required when re-listing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOFFMAN, MARK S	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARONSON, ROBERT J	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LAUVER, E EUGENE	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRESTON, MICHAEL L	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DUBILIER, MICHAEL J	
STREET ADDRESS	126 E 56TH ST	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	EDWARDS, WILLIAM H	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-STATE-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	William J. Delaney	
13 STREET ADDRESS	15710 JFK Blvd., Suite 700	
14 CITY-STATE-ZIP	Houston, TX 77032-2347	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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:

William H. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date of Filing

CR2E034 (12/95)