

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. FET Number 51-0001902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 date if applicable

(NOTE - Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, MARK S	1.2 NAME	William J. Delaney
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	1.3 STREET ADDRESS	15710 JFK Blvd., Suite 700
CITY-STATE-ZIP	HOUSTON TX	1.4 CITY-STATE-ZIP	Houston, TX 77032-2347
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON, ROBERT J	2.2 NAME	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HOUSTON TX	2.4 CITY-STATE-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUVER, E EUGENE	3.2 NAME	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HOUSTON TX	3.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, MICHAEL L	4.2 NAME	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HOUSTON TX	4.4 CITY-STATE-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBILIER, MICHAEL J	5.2 NAME	
STREET ADDRESS	126 E 56TH ST	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	5.4 CITY-STATE-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, WILLIAM H	6.2 NAME	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	6.3 STREET ADDRESS	
CITY-STATE-ZIP	HOUSTON TX	6.4 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

DATE OF FILING

CR2E034 (12/95)