2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F03000003101

Entity Name: O'REILLY AUTOMOTIVE, INC.

Current Principal Place of Business:

233 S PATTERSON
SPRINGFIELD, MO 65802

New Principal Place of Business:

Current Mailing Address:

233 S PATTERSON
SPRINGFIELD, MO 65802

New Mailing Address:

PO BOX 1156
SPRINGFIELD, MO 65801

FEI Number: 44-0618012 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: HENSLEE, GREG
Address: 233 S PATTERSON
City-St-Zip: SPRINGFIELD, MO 65802

Title: CFO ( ) Delete
Name: MCFALL, TOM
Address: 233 S PATTERSON
City-St-Zip: SPRINGFIELD, MO 65802

Title: D ( ) Delete
Name: O'REILLY, DAVID E
Address: 233 S PATTERSON
City-St-Zip: SPRINGFIELD, MO 65802

Title: D ( ) Delete
Name: GREENE, JOE C
Address: 233 S PATTERSON
City-St-Zip: SPRINGFIELD, MO 65802

Title: CP ( ) Delete
Name: WISE, TED
Address: 233 S PATTERSON
City-St-Zip: SPRINGFIELD, MO 65802

Title: S ( ) Delete
Name: HEADLEY, TRICIA
Address: 233 S PATTERSON
City-St-Zip: SPRINGFIELD, MO 65802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MCFALL CFO 04/14/2009

Electronic Signature of Signing Officer or Director Date