

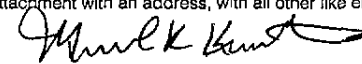


FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004842 1. Entity Name PROGRESSIVE AUTOMOTIVE SYSTEMS, INC.							
Principal Place of Business 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143		Mailing Address 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143					
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>							
		<div style="text-align: center;"></div> <div>01262005 No Chg-P CR2E034 (10/03)</div> <table border="1"><tr><td>4. FEI Number 36-4413486</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 36-4413486	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 36-4413486	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP FELDMAN, ALAN D 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVP GUZIK, WILLIAM M 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S MARR, ALVIN K 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T MATRE, DAVID W 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AC KUNSTMAN, MICHAEL 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPC HAEGER, JAMES M JR. 1300 ARLINGTON HEIGHTS RD. ITASCA, IL 60143					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  Michael K Kunstman		Date: 1/27/2005 Daytime Phone #: 630-431-3055					