

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000002369

1. Entity Name

MIDWEST TRUCK & AUTO PARTS, INC.



Principal Place of Business

1001 W EXCHANGE AVENUE  
CHICAGO, IL 60609

Mailing Address

1001 W EXCHANGE AVENUE  
CHICAGO, IL 60609

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

36-2583306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CHUDACOFF, MARK  
STREET ADDRESS 1001 W EXCHANGE AVENUE  
CITY-ST-ZIP CHICAGO, IL 60609

TITLE V  
NAME HAMMER, DENNIS  
STREET ADDRESS 1001 W EXCHANGE AVENUE  
CITY-ST-ZIP CHICAGO, IL 60609

TITLE SD  
NAME CHUDACOFF, DONALD  
STREET ADDRESS 1001 W EXCHANGE AVENUE  
CITY-ST-ZIP CHICAGO, IL 60609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000955887  
07/22/08-80010-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08

Date

773 579 3840

Daytime Phone #