

**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)

4. FEI Number 36-2583306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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

U000000955887
07/22/08-80010-005 150.00

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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

7/14/08 773 579 3840

Date

Daytime Phone #