PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

BRANFORD CT 06405

100 DOUBLE BEACH ROAD

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004666

1. Corporation Name

Principal Place of Business 1020 SPACE PARK SOUTH

P.O. BOX 1020

NASHVILLE TN 37222

BECK/ARNLEY WORLDPARTS CORP.

2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied F	or		
21	•	26 c/o 4500 Dorr	· St.			62-1246570	_		Not Applic	cable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc. 27 P.O. Box 1000	-			5. Certificate of Status Desired			5 Addition Required	nal		
22 City & State		City & State				6. Election Campaign Financing		\$5.0	00 May B			
— ·	,	Z8 Toledo, OH				Trust Fund Contribution			ed to Fees			
23 Zip	Country	Zip	Countr	rv		8. This corporation owes the current year	r Intano	sible				
一 ·	25	29 43697 30	-	•		Personal Property Tax.		Yes	□No			
24	9. Name and Address of Current		1 02)A		10. Name and Address of New Register	red Ag	ent				
	o. Hame and records of days.	8	1 1	Name								
C T CORPORATION SYSTEM					(DO DO No horizontalia)							
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)								
PLANTATION FL 33324				83								
			8-	-	City		⁻L∣		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 title if poplingble /NOTS: Par	nietarad An	iont si	gnature required v	when reinstation) DATE				_		
12.	OFFICERS AND		13.	101111 3-	griature required	ADDITIONS/CHANGES TO OFFICERS	S AND	DIREC	CTORS IN	12		
TITLE	SVPS					/D		_ Char		Addition		
	LECKERLING, JON P	<u></u> 990_12	1,2 NAME		The	omas Madden						
NAME	100 DOUBLE BEACH ROAD		1.3 STRE		1	O Double Beach Rd.						
STREET ADDRESS	BRANFORD CT		1.4 CITY-		F	anford, CT 06405						
CITY-ST-ZIP TITLE	ATT	IXI DELETE	2.1 TITLE		VP.			Char	nge 🔽 A	Addition		
	VIVIER, STEPHEN D.	23	2.2 NAME		1	even E. Keller			21			
NAME	: :T_			-			000					
STREET ADDRESS	BRANFORD CT 06405		2.3 STREE			00 Dorr St, P.O. Box 10	000					
CITY-ST-ZIP	SVPC	₩ DELETE	3.1 TITLE		VP.	<u>ledo, OH 43697</u>		Char	nge 🕡 A	Addition		
TITLE	*	X percie			' = '	/T Glenn Paton	_		- X			
NAME	Citoratio, Cook.						000					
STREET ADDRESS	100 DOUBLE BEACH ROAD					00 Dorr St., P.O. Box 1	.000					
CITY-ST-ZIP	BRANFORD CT	☐ DELETE	3.4. CITY 4.1 TITLE	<u> </u>	ZIP TO.	ledo, OH 43697		Char	nge □ A	Addition		
TITLE	P DAVID IDA D	□ nere(e							ų. 			
NAME	DAVIS, IRA D		4. 2 NAM									
STREET ADDRESS	1020 SPACE PARK S		4.3 STRE									
CITY-ST-ZIP	NASHVILLE TN 37222	S BELETE	4.4 CITY-ST					T] Char	nge E1/	Addition		
TITLE	VPAS	₩ DELETE	5.1 TITLE		AT		L		.a. K⊓.	COLLOS		
NAME	TOOLE, EDWARD D		5.2 NAME			ristopher J. Czarka	000					
STREET ADDRESS	100 DOUBLE BEACH ROAD		5.3 STRE			00 Dorr St., P.O. Box 1	.000					
CITY-ST-ZIP	BRANFORD CT 06405	53	5.4 CITY-5			Toledo, OH 43697			ngo 5=7 /	Addition		
TITLE	AS	X) DELETE	6.1 TITLE		AT		L	_ Char	unne X⊤,	-touiuon		
NAME	O'CONNOR, CHARLES W		6.2 NAME		I .	arles W. Hinde	000					
STREET ADDRESS	100 DOUBLE BEACH ROAD		6.3 STRE	ET A	DDRESS 45(00 Dorr St., P.O. Box 1	.000					

CITY-ST-ZIP

BRANFORD CT 06405

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 pattachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #

6.4 CITY-ST-ZIP

Toledo, OH 43697

May 06, 1999 8:00 am Secretary of State

05-06-1999 90286 002 *1,500.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

09/25/1995

CR2E034 (11/98)