

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005262

FILED
Apr 21, 2009
Secretary of State

Entity Name: NATIONAL TRUCK PARTS OF FLORIDA, INC.

Current Principal Place of Business:

1221 U.S. HIGHWAY 301 NORTH
TAMPA, FL 33619 US

New Principal Place of Business:

3600 WEST LAKE AVE
GLENVIEW, IL 60026 US

Current Mailing Address:

1221 U.S. HIGHWAY 301 NORTH
TAMPA, FL 33619 US

New Mailing Address:

3600 WEST LAKE AVE
GLENVIEW, IL 60026 US

FEI Number: 59-3337687

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: DP () Delete
Name: HARDIN, DON M
Address: 1901 N. SHERIDAN RD
City-St-Zip: TULSA, OK 74115

Title: D () Delete
Name: KLEIN, JOE
Address: 1901 N SHERIDAN RD
City-St-Zip: TULSA, OK 74115

Title: S (X) Delete
Name: ELLIS, RANDALL
Address: 1901 N SHERIDAN RD
City-St-Zip: TULSA, OK 74115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARTEL, ROLAND
Address: 3600 WEST LAKE AVE
City-St-Zip: GLENVIEW, IL 60026 US

Title: T (X) Change () Addition
Name: ONO, LEANNE
Address: 3600 WEST LAKE AVE
City-St-Zip: GLENVIEW, IL 60026 US

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: LEANNE ONO

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date