2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State DOCUMENT # F96000000263 05-01-2006 90307 012 ***150.00 CARQUEST AUTO PARTS OF MARIANNA FL. INC. Mailing Address Principal Place of Business 40011000 2635 MILLBROOK RD. 2635 MILLBROOK RD. RALEIGH, NC 27604 RALEIGH, NC 27604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3345208 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301 City Zip Code FL 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) 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Change ☐ Addition TITLE Guirlinger, Richard B BUIRLINGER, RICHARD B NAME NAME STREET ADDRESS 2635 MILLBROOK ROAD STREET ADDRESS RALEIGH, NC 27604 CITY-S1-ZIP CHY-SI-ZIP DP ☐ Delete TITLE ☐ Change ☐ Addition TITLE LAVRACK, WAYNE NAME NAME STREET ADDRESS 2635 MILLBROOK ROAD STREET ADDRESS RALEIGH, NC 27604 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GARDNER, JOHN NAME NAME STREET ADORESS 2635 MILLBROOK ROAD STREET ADDRESS C/TY-ST-ZIP RALEIGH, NC 27604 CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition Felman, James S. 2635 Millbrook Rd NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Raledon NC 27604 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change FITLE TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

changed, or on an attachment with an address

SIGNATURE:

FILED

Daytime Phone #