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May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006486 (1)

1. Corporation Name

AARON'S AUTOMOTIVE PRODUCTS, INC.

Principal Place of Business

2600 NORTH WESTGATE  
SPRINGFIELD MO 65803

Mailing Address

2600 NORTH WESTGATE  
SPRINGFIELD MO 65803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1997

4. FEI Number

95-4487801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. 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 applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CEOD  
PERKINS, STEPHEN J  
900 OAKMONT LANE, SUITE 100  
WESTMONT IL 60559

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
KENT, JOHN C  
900 OAKMONT LANE, SUITE 100  
WESTMONT IL 60559

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
WEHR, JAMES R  
2600 NORTH WESTGATE  
SPRINGFIELD MO 65803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CFOS  
HARPER, CHARLES L  
2600 NORTH WESTGATE  
SPRINGFIELD MO 65803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
HARDY, MARK C  
1800 CENTURY PARK EAST, SUITE 1000  
LOS ANGELES CA 90067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ROEDER, RICHARD K  
1800 CENTURY PARK EAST, SUITE 1000  
LOS ANGELES CA 90067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

VICE PRESIDENT

☒ Change ☐ Addition

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

PRESIDENT  
KENNETH A BEAR  
2600 N. WESTGATE  
SPRINGFIELD MO 65803  
CFO & ASST SECR.

☐ Change ☒ Addition

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

SECRETARY & V.P  
JOSEPH SALAMUNOVICH  
900 OAKMONT LN, STE 100  
WESTMONT IL 60559

☐ Change ☒ Addition

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

☐ Change ☐ Addition

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 an attachment with an address

SIGNATURE:

*Joseph Salamonovich*

4/21/98

630-455-6000

CR2E034 (10/97)