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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006486

| 1. Corpora | tion Name N'S AUTOMOTIVE PRODUC | TS, INC. | | | | | 1 (22 0)(22 (()2 (23)) (3 2 ()) 22 ()) 24 ()) 12 ()) 12 ()) | er ne end | 3/68/)\$/(5.5 /// 188 / |
|--|---|-------------|--|----------------|----|---|--|------------------|--|
| Principal Place of Business 2600 NORTH WESTGATE SPRINGFIELD MO 65803 | | 2600 NORTH | Mailing Address 2600 North Westgate Springfield MO 65803 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. | Date Incorporated or Qualifed 12/09/1997 | | |
| 2. Principa | I Place of Business | 2a. Mailing | Address | | | 4. | FEI Number | | Applied For |
| 21 | | 26 | | | | 1 | 95-4487801 | | Not Applicable |
| | pt. #, etc. | | pt, #, etc. | - | | 5. | Certificate of Status Desired | | 75 Additional ee Required |
| City & S | State | City & 5 | State | _ | | 6. | Election Campaign Financing Trust Fund Contribution | • | .00 May Be |
| Zip | Country | Zip | Zip Country | | 8. | This corporation owes the current year In | tangible | | |
| 24 | [25] | 29 | 30 | | | | Personal Property Tax. | ☐ Yes | |
| 241 | 9. Name and Address of Cui | | | | | 10. | Name and Address of New Registered | Agent | |
| 52 | rai Services, Inc. 26 E. Park Avenue Allahassee Fl. 32301 | | | 81 82 83 | | ss (F | P.O. Box Number is Not Acceptable) | | |
| 1.7 | ALLAI MOUEL I'L UZUU I | | | 1631 | | | | | |

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.

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84 City

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|----------------|---|---------------|-------------------------------|------------------------|-----------------------|------------------|----------------------|-----|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applica | ble (NOTE: Re | gistered Agent signature requ | uired when reinstating | | DATE | | ī |
| 12. | OFFICERS AND DIRECTOR | | 13. | ADDITI | ONS/CHANGES TO OFFICE | ERS AND DIRECTOR | | Š |
| TITLE | CEOD | DELETE | 1.1 TITLE | CER | ATTARKED | Change | Addition | 3 |
| NAME | PERKINS, STEPHEN J | | 1.2 NAME | 2 55 | VI-1-1-B-CATED | | ì | è |
| STREET ADDRESS | 900 OAKMONT LANE, SUITE 100 | | 1,3 STREET ADDRESS | | SHEET | | | إ |
| CITY-ST-ZIP | WESTMONT IL 60559 | | 1,4 CITY-ST-ZIP | | | | <u> </u> | Ì |
| TITLE | VP | DELETE | 2.1 TITLE | | | Change | Addition | |
| NAME | KENT, JOHN C | | 2.2 NAME | | | | | ĺ |
| STREET ADDRESS | 900 OAKMONT LANE, SUITE 100 | | 2.3 STREET ADDRESS | | | | | П |
| CITY-ST-ZIP | WESTMONT IL 60559 | | 2.4 CITY-ST-ZIP | | | | | [] |
| TITLE | P | DELETE | 3.1 TITLE | | | Change | Addition | |
| NAME | BEAR, K A | | , 3.2 NAME | | | | | ١ |
| STREET ADDRESS | 2600 M WESTGATE | | 3.3 STREET ADDRESS | | | | | ļ |
| CITY-ST-ZIP | SPRINGFIELD MO 65803 | | 3.4. CITY+ST+ZIP | | | | 53. ((()) | ļ |
| TITLE | CFOS | DELETE | 4.1 TITLE | | | Change | Addition | ļ |
| NAME | HARPER, CHARLES L | | 4.2 NAME | | | | | |
| STREET ADDRESS | 2600 NORTH WESTGATE | | 4.3 STREET ADDRESS | | | | | 1 |
| CITY-ST-ZIP | SPRINGFIELD MO 65803 | | 4.4 CITY-ST-ZIP | | | | F7 . 340- | 1 |
| TITLE | SVP | C DELETE | 5.1 TITLE | | | Change | Addition | 11 |
| NAME | SALAMUNOVICH, J | | 5.2 NAME | | | | | ľ |
| STREET ADDRESS | 900 OAKMONT LN, STE 100 | | 5.3 STREET ADDRESS | | | | | Ì |
| CITY-ST-ZIP_ | WESTMONT IL 60559 | | 5.4 CITY-ST-ZIP | | | | | ₹. |
| TITLE | | □ DELETE | . 6.1 TITLE | | | Change | Addition | 1 |
| NAME | } | | 6.2 NAME | | | | | 1 |
| STREET ADDRESS | } | | 6.3 STREET ADDRESS | | | | | } |
| 1 | 1 | | CACITY OT 7ID | | | | | l l |

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, with all other like empowered.

EQUIRED

Zip Code

85

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90001 001 ***150.00

AARON'S AUTOMOTIVE PRODUCTS, INC. OFFICERS AND DIRECTOR

| | <u>Title</u> | <u>Name</u> | |
|---|---|---------------------|-----|
| | Director and Chief Executive Officer | Michael DuBose | (1) |
| • | President | Kenneth A. Bear | (2) |
| | Chief Financial Officer & Asst. Secretary | Barry C. Kohn | (1) |
| | Vice President & Secretary | Joseph Salamunovich | (1) |
| | Vice President - Finance & Asst. Secretary | Charles L. Harper | (2) |
| | Vice President | Scott Dallenberg | (2) |
| | Vice President | Keith Mills | (2) |
| | Vice President | William Roberts | (2) |
| | Vice President | James Schultz | (2) |

Business Address

- (1) One Oak Hill Center, Ste. 400, Westmont, IL 60559
- (2) 2600 N. Westgate, Springfield, MO 65803-9503