

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006486**

1. Entity Name

AARON'S AUTOMOTIVE PRODUCTS, INC.**FILED**
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90134 033 ***150.00

Principal Place of Business

Mailing Address

**2600 NORTH WESTGATE
SPRINGFIELD MO 65803****2600 NORTH WESTGATE
SPRINGFIELD MO 65803-9503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

ONE OAK HILL**SUITE 400****WESTMONT, IL****60559**

DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4487801**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **DUBOSE, MICHAEL**
STREET ADDRESS **2600 N WESTGATE**
CITY-ST-ZIP **SPRINGFIELD MO 65803-9503**TITLE **CEO/D** ☒ Change ☐ Addition
NAME **MICHAEL T. DUBOSE**
STREET ADDRESS **2220 KINCAID RD.**
CITY-ST-ZIP **WILLIAMS, OR 97544**TITLE **P** ☒ Delete
NAME **BEAR, KENNETH**
STREET ADDRESS **2600 N WESTGATE**
CITY-ST-ZIP **SPRINGFIELD MO 65803-9503**TITLE **P** ☐ Change ☒ Addition
NAME **PAUL J. KOMAROMY**
STREET ADDRESS **4256 LORI LEE CT.**
CITY-ST-ZIP **SPRINGFIELD, MO 65809**TITLE **P** ☒ Delete
NAME **BEAR, K A**
STREET ADDRESS **2600 M WESTGATE**
CITY-ST-ZIP **SPRINGFIELD MO 65803**TITLE **CFD** ☐ Change ☒ Addition
NAME **BARRY C. KOHN**
STREET ADDRESS **10935 HASTINGS LANE**
CITY-ST-ZIP **POWELL, OH 43065**TITLE **CFOS** ☒ Delete
NAME **HARPER, CHARLES L**
STREET ADDRESS **2600 NORTH WESTGATE**
CITY-ST-ZIP **SPRINGFIELD MO 65803**TITLE **SVP** ☐ Change ☒ Addition
NAME **JOSEPH SALAMUNOVICH**
STREET ADDRESS **645 ASHBURY DRIVE**
CITY-ST-ZIP **AURORA, IL 60504**TITLE **SVP** ☐ Delete
NAME **SALAMUNOVICH, J**
STREET ADDRESS **900 OAKMONT LN, STE 100**
CITY-ST-ZIP **WESTMONT IL 60559**TITLE **ASST. SECRETARY** ☐ Change ☒ Addition
NAME **DANIEL D. SCOPETTI**
STREET ADDRESS **ONE OAK HILL**
CITY-ST-ZIP **WESTMONT, IL 60559**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **D. D. Scopetti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL D. SCOPETTI

Date

4/24/00

Daytime Phone #

(630) 755-6000

CR2E034 (9/99)