2007 FOR PROFIT CORPORATION

Apr 26, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F98000002715 04-26-2007 90220 025 ***150.00 CARQUEST MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address quu · 2635 MILLBROOK RD. 2635 MILLBROOK RD. RALEIGH, NC 27604 RALEIGH, NC 27604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 CR2E034 (12/06) Chq-P City & State City & State 4. FEI Number Applied For 93-1169031 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 6. 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. Fam familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed pame of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete TITLE ■ Addition TITLE BLAIR ROBERT NAME NAME STREET ADDRESS 2635 MILLBROOK RD STREET ADDRESS RALEIGH, NC 27604 CITY-ST-ZIP CHY-ST-ZIP STD ☐ Delete TITLE Change ☐ Addition Guirlinger, Richard B GUIRLINGER, RICHARD B NAME NAME 2635 MILLBROOK ROAD STREET ADDRESS same STREET ADDRESS RALEIGH, NC 27604 CITY-ST-ZIP CITY-ST-ZIP AS ☐ Delete TITLE ☐ Change Addition FELMAN, JAMES S NAME NAME STREET ADDRESS 3635 MILLBROOK RD STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27604 CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition Addition TITLE wicker Robert Rd 2635 Millbrook Rd NAME NAME STREET ADDRESS STREET ADDRESS Raleigh, NC 27604 CITY-ST-ZIP City-SI-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME

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12. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

James Felman SIGNATURE: Daytime Phone #