

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000165

1. Entity Name

TIRE DISTRIBUTION SYSTEMS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90233 022 ***150.00

Principal Place of Business

1615 SECOND AVE.
MUSCATINE IA 52761-5262

Mailing Address

1615 SECOND AVE.
MUSCATINE IA 52761-5262

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1906701**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 **FERRISE, SAM II**
STREET ADDRESS **1615 SECOND AVE.**
CITY-ST-ZIP **MUSCATINE IA 52761-5262**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **HEIDBREDER, WARREN W**
STREET ADDRESS **1615 SECOND AVE.**
CITY-ST-ZIP **MUSCATINE IA 52761-5262**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VESEY, CHARLES W**
STREET ADDRESS **1615 SECOND AVE.**
CITY-ST-ZIP **MUSCATINE IA 52761-5262**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **OLEKSAIK, EDWARD M**
STREET ADDRESS **1615 SECOND AVE.**
CITY-ST-ZIP **MUSCATINE IA 52761-5262**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PATTISON, JEFFREY C**
STREET ADDRESS **1615 SECOND AVE.**
CITY-ST-ZIP **MUSCATINE IA 52761-5362**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **EATON, DAVID W**
STREET ADDRESS **1615 SECOND AVE.**
CITY-ST-ZIP **MUSCATINE IA 52761-5262**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Vesey 4/27/01

Date

Daytime Phone #

CR2E034 (10/00)

Doc# 99000000165

80050779

Tire Distribution Systems, Inc.
Directors and Officers

Officer Name	Title	Mailing Address
Martin G. Carver	Director	1615 Second Ave. Muscatine, IA 52761
Roy Wennlund	Vice President	1615 Second Ave. Muscatine, IA 52761
Edward Oleksiak	Vice President	1615 Second Ave. Muscatine, IA 52761
Warren W. Heidbreder	Secretary and Director	1615 Second Ave. Muscatine, IA 52761
David W. Eaton	Assistant Secretary	1615 Second Ave. Muscatine, IA 52761
Jeffrey C. Pattison	Treasurer	1615 Second Ave. Muscatine, IA 52761
Charles W. Vesey	Director	1615 Second Ave Muscatine, IA 52761