


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 048 ***150.00

DOCUMENT # F99000000165

1. Entity Name
TIRE DISTRIBUTION SYSTEMS, INC.



Principal Place of Business Mailing Address

**1615 SECOND AVE.
MUSCATINE, IA 52761-5262** **1615 SECOND AVE.
MUSCATINE, IA 52761-5262**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
39-1906701 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEIDBREDER, WARREN W 1615 SECOND AVE. MUSCATINE, IA 527615262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESEY, CHARLES W 1615 SECOND AVE. MUSCATINE, IA 527615262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENNLUND, ROY 1615 SECOND AVE MUSCATINE, IA 527615262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTISON, JEFFREY C 1615 SECOND AVE. MUSCATINE, IA 527615362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EATON, DAVID W 1615 SECOND AVE. MUSCATINE, IA 527615262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Jeffrey C. Pattison 1/12/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #