

**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

1615 SECOND AVE.  
MUSCATINE, IA 52761-5262

Mailing Address

1615 SECOND AVE.  
MUSCATINE, IA 52761-5262



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

39-1906701

Applied For

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

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

(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 SD  
NAME HEIDBREDER, WARREN W  
STREET ADDRESS 1615 SECOND AVE.  
CITY-ST-ZIP MUSCATINE, IA 527615262

TITLE D  
NAME VESEY, CHARLES W  
STREET ADDRESS 1615 SECOND AVE.  
CITY-ST-ZIP MUSCATINE, IA 527615262

TITLE V  
NAME WENNLUND, ROY  
STREET ADDRESS 1615 SECOND AVE  
CITY-ST-ZIP MUSCATINE, IA 527615262

TITLE T  
NAME PATTISON, JEFFREY C  
STREET ADDRESS 1615 SECOND AVE.  
CITY-ST-ZIP MUSCATINE, IA 527615362

TITLE AS  
NAME EATON, DAVID W  
STREET ADDRESS 1615 SECOND AVE.  
CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey C. Pattison

Date

Daytime Phone #