**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2001 8:00 am Secretary of State DOCUMENT # F99000005488 CARQUEST AUTO PARTS OF TALLAHASSEE SOUTH FL. INC 05-12-2001 90024 009 \*\*\*150.00 Principal Place of Business Mailing Address C/O GENERAL PARTS. INC. C/O GENERAL PARTS. INC. ~UUU625113~ 2635 MILLBROOK ROAD 2635 MILLBROOK ROAD RALEIGH NC 27604 RALEIGH NC 27604 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 56-2160775 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 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 Zip Code City FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition CR2E034 (10/00 TITLE ☐ Delete TITLE LAVRACK, WAYNE D NAME NAME STREET ADDRESS STREET ADDRESS 2635 MILLBROOK ROAD CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27604 ☐ Delete ☐ Change ☐ Addition TITLE TITLE Kuykendall, William D NAME NAME STREET ADDRESS 2635 MILLBROOK ROAD STREET ADDRESS CITY-ST-ZIP RALEIGH NC 27604 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE Kotcher, Frederic S NAME NAME STREET ADDRESS 2635 MILLBROOK ROAD STREET ADDRESS f.i CITY-ST-ZIP CITY-ST-7IP RALEIGH NC 27604 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME GARRISON, CHARLES E NAME 2635 MILLBROOK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27604 TITLE ☐ Delete TITLE ☐ Change Addition GUIRLINGER, RICHARD B NAME STREET ADDRESS 2635 MILLBROOK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27604 TITLE Delete TITLE ☐ Change Addition JOHNSON, J. HINES III NAME NAME STREET ADDRESS 2635 MILLBROOK ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RALEIGH NC 27604

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 true ee 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 attachmental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachmental 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 true ee 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 attachmental 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 true eempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON 4/18/01 919

919-573-3000

Daytime Phone #