2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 09, 2004 8:00 am Secretary of State **DOCUMENT # H88502** 07-09-2004 90061 001 ***750.00 LKQ COPHER SELF SERVICE AUTO PARTS-TAMPA INC. Principal Place of Business Mailing Address 66423636 P.O. BOX 1408 123 N. LASALLE ST. BRANDON, FL 33509 CHICAGO, IL 60602 2. Principal Place of Business 3. Mailing Address 120 N. LASALLE Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 CR2E034 (10/03) Chg-P S u;}e vite 4. FEI Number Applied For City & State City & State Chicago Not Applicable 59-2609050 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Delete ☐ Channe TITLE TITLE Damron, Leonard A. COPHER, RONALD E. NAME NAME 4950 West Highway 486 816 SEDON COVE WAY STREET ADDRESS STREET ADDRESS rystalliver FL 31429 TAMPA, FL 33602 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TSD Stephen Change TITLE TITLE COPHER, RICHARD O. Tatoul, Steven D NAME NAME 950 West Highway 486 STREET ADDRESS STREET ADDRESS 912 RIVER RAPIDS AVE. rystal Piver, FL 34429 BRANDON, FL CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE HUDSON, ERVIN Holsten, Joseph M. NAME NAME 120 n. La Selle St., Suite 3300 STREET ADDRESS 401 VALRICO-SEFFNER ROAD STREET ADDRESS CITY-ST-ZIP VALRICO, FL CITY-ST-ZIP Chicaco, Il Colos ☐ Change Addition Delete TITLE TITLE Spears, Mark T. 120 n. lasalle St., Suite 3300 WAGNER, JAMES NAME NAME 1811 NOVA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO, FL CITY-ST-7IP Chicago, A GOGO2 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Stephen

SIGNATURE:

FILED