

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P06873** (4) 8347-1 AM 10:15

1. Corporation Name
CAPITAL AUTOMOTIVE RESOURCES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**280 LONG RIDGE ROAD
P.O. BOX 8109
STAMFORD CT 06927**

Mailing Address
**280 LONG RIDGE ROAD
P.O. BOX 8109
STAMFORD CT 06927**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1985

3a. Date of Last Report
03/07/1994

4. FEI Number
99-0191099

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for alternative tax under § 100.039
Florida Statutes
☐ Yes ☒ No

2. Principal Place of Business
600 HART RD.

2a. Mailing Address
**GE CAPITAL CORPORATION
P.O. BOX 9552
FT. MYERS, FL 33906-9552**

21. State, Apt. # etc.
IL

22. City & State
Barrington IL

23. City & State
Barrington IL

24. Zip
60010

25. Country
IL

26. City & State
FT. MYERS, FL

27. City & State
FT. MYERS, FL

28. City & State
FT. MYERS, FL

29. City & State
FT. MYERS, FL

30. City & State
FT. MYERS, FL

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name
C T CORPORATION SYSTEM

82. Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

83. City
PLANTATION

84. State
FL

85. Zip Code
33324

10. Name and Address of New Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name
C T CORPORATION SYSTEM

82. Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

83. City
PLANTATION

84. State
FL

85. Zip Code
33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

FIORIO, DOMINIC A

STREET ADDRESS

777 LONG RIDGE ROAD

CITY, ST, ZIP

STAMFORD CT

TITLE

PD

NAME

DERICKSON, SANDRA

STREET ADDRESS

600 HART RD.

CITY, ST, ZIP

BARRINGTON IL

TITLE

D

NAME

STEWART, EDWARD D.

STREET ADDRESS

600 HART ROAD

CITY, ST, ZIP

BARRINGTON IL

TITLE

T

NAME

WERNER, JEFFREY S.

STREET ADDRESS

777 LONG RIDGE RD.

CITY, ST, ZIP

STAMFORD CT

TITLE

S

NAME

GRABER, SARAH J.

STREET ADDRESS

600 HART ROAD

CITY, ST, ZIP

BARRINGTON IL

TITLE

V

NAME

BRENNAN, WILLIAM H.

STREET ADDRESS

777 LONG RIDGE ROAD

CITY, ST, ZIP

STAMFORD CT

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 134.07(2)(b), Florida Statutes. I further certify that the information made known in this annual report or supplemental annual 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 this corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT TREASURER
STATE TAXES

4/27/95

0000422 CP

PO 4873

Capital Automotive Resources, Inc.
Federal ID# 99-0191099

Schedule
State of

Report
or
Return

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Sandra A. Derickson	Director, President & Chairperson	600 Hart Road, Barrington, IL 60010
Edward D. Stewart	Director	600 Hart Road, Barrington, IL 60010
Richard M. Agans	Director & Controller	260 Long Ridge Road, Stamford, CT 0692
James A. Wiencke	Director	700 Bishop Street, Honolulu, HI 96813
Marlo R. Ferla	Director & Senior Vice President	600 Hart Road, Barrington, IL 60010
Martin J. Vreeland	Vice President - Operations	600 Hart Road, Barrington, IL 60010
Melvin D. Ostrander	Sr. Vice President - Finance	600 Hart Road, Barrington, IL 60010
Richard A. Morgenthaler	Vice President - National Sales	600 Hart Road, Barrington, IL 60010
Jeffrey S. Werner	Treasurer	777 Long Ridge Road, Stamford, CT 0692
Sarah J. Graber	Secretary	600 Hart Road, Barrington, IL 60010
William H. Brennan	Vice President	777 Long Ridge Road, Stamford CT
Dominic A. Fiore	Vice President	777 Long Ridge Road, Stamford CT
Peter J. Nicosia	Assistant Treasurer - State Taxes	777 Long Ridge Road, Stamford CT
Oscar L. Garza	Assistant Treasurer - State Taxes	4211 Metro Parkway, Ft. Myers, FL