FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90016 048 ***150.00

DOCUMENT # P06873

1. Corporation Name
CAPITAL AUTOMOTIVE RESOURCES, INC.

Principal Place of Business	Mailing Address
600 HART RD P.O. BOX 8109 BARRINSTON IL 60010 US	DEPT. 8209 260 LONG RIDGE RD.IAMS STAMFORD CT 06927-9621 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/25/1985

4. FEI Number: 99-0191099 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPT	☐ DELETE	1.1 TITLE	ASST TREAS - TAXES	☐ Change ☒ Addition
NAME	HYDE, JEFFREY L		1.2 NAME	John Amato	
STREET ADDRESS	260 LONG RIDGE RD.		1.3 STREET ADDRESS	260 Long Ridge Rd	
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-ST-ZIP	Stamford CT 06927	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DERICKSON, SANDRA		2.2 NAME		
STREET ADDRESS	600 HART RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, EDWARD D.		3.2 NAME		
STREET ADDRESS	600 HART ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WERNER, JEFFREY S.		4. 2 NAME		
STREET ADDRESS	777 LONG RIDGE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRABER, SARAH J.		5.2 NAME		
STREET ADDRESS	600 HART ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRENNAN, WILLIAM H.		6.2 NAME		
STREET ADDRESS	777 LONG RIDGE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		6.4 CITY-ST-ZIP		

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John Amato 4.28.99 203-357-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)