

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90329 028 ***150.00

DOCUMENT # P06873

1. Entity Name

CAPITAL AUTOMOTIVE RESOURCES, INC.

Principal Place of Business

**600 HART RD
P.O. BOX 8109
BARRINGTON IL 60010
US**

Mailing Address

**DEPT. 8209
260 LONG RIDGE RD.IAMS
STAMFORD CT 06927-9621
US**

2. Principal Place of Business

Three Capital Drive

3. Mailing Address

P.O. Box 44817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eden Prairie MN

City & State

Eden Prairie, MN

Zip

55344

Country

USA

Zip

55344

Country

USA

4. FEI Number

99-0191099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	HYDE, JEFFREY L	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENSON, DANIEL	
STREET ADDRESS	540 NW HWY	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, EDWARD D.	
STREET ADDRESS	600 HART ROAD	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WERNER, JEFFREY S.	
STREET ADDRESS	777 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRABER, SARAH J.	
STREET ADDRESS	600 HART ROAD	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	ATT	<input checked="" type="checkbox"/> Delete
NAME	AMATO, JOHN	
STREET ADDRESS	260 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06927	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard A Salk	
STREET ADDRESS	540 W Northwest Highway	
CITY-ST-ZIP	Barrington IL 60010	
TITLE	P D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Masnato	
STREET ADDRESS	540 W Northwest Highway	
CITY-ST-ZIP	Barrington IL 60010	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loralyn B. Cachola	
STREET ADDRESS	540 W Northwest Highway	
CITY-ST-ZIP	Barrington IL 60010	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Cassidy	
STREET ADDRESS	201 High Ridge Road	
CITY-ST-ZIP	Stamford CT 06927	
TITLE	Asst Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Benke	
STREET ADDRESS	Three Capital Drive	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 trustee 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 attachment with an address, with all other like empowered.

SIGNATURE:

Don Benke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 952-828-2989
Date Daytime Phone #

CR2E034 (9/01)