

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P20177

1. Entity Name
THE PEP BOYS-MANNY, MOE & JACK, INC.



Principal Place of Business
**3111 WEST ALLEGHENY AVE
PHILADELPHIA, PA 19132-1116 US**

Mailing Address
**3111 WEST ALLEGHENY AVE
PHILADELPHIA, PA 19132-1116 US**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-0962915

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

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RACHOR, JEFFREY C 3111 W ALLEGHENY AVE PHILADELPHIA, PA 19132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCELROY, BERNARD K 311 W. ALLEGHENY AVE. PHILADELPHIA, FL 191321116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAGE, MARK L 3111 WEST ALLEGHENY AVE PHILADELPHIA, PA 191321116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZUCKERMAN, BRIAN D 3111 W. ALLEYHENY AVE. PHILADELPHIA, PA 19132\
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/08-80052-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08
Date

Daytime Phone #