


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 048 ***150.00

DOCUMENT # F99000000165	
1. Entity Name TIRE DISTRIBUTION SYSTEMS, INC.	

Principal Place of Business 1615 SECOND AVE. MUSCATINE, IA 52761-5262	Mailing Address 1615 SECOND AVE. MUSCATINE, IA 52761-5262
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 39-1906701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	SD HEIDBREDER, WARREN W 1615 SECOND AVE. MUSCATINE, IA 527615262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESEY, CHARLES W 1615 SECOND AVE. MUSCATINE, IA 527615262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENNLUND, ROY 1615 SECOND AVE MUSCATINE, IA 527615262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTISON, JEFFREY C 1615 SECOND AVE. MUSCATINE, IA 527615362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EATON, DAVID W 1615 SECOND AVE. MUSCATINE, IA 527615262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE Jeffrey C. Pattison 1/12/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #