

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90091 032 ***150.00

DOCUMENT # F01000003128

1. Entity Name
ICRDA PARTS CENTER, INC.

Principal Place of Business

**1800 CROSS BEAM DRIVE
 CHARLOTTE NC 28217**

Mailing Address

**P.O. BOX 19348
 CHARLOTTE NC 28219-9998**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1494211

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 **P** Delete
 NAME **BUNCH, KEN**
 STREET ADDRESS **5621 ELMWOOD AVENUE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46203**

TITLE **S** Delete
 NAME **KENNEDY, JIM**
 STREET ADDRESS **831 SOUTHEAST MLK, JR. BLVD.**
 CITY-ST-ZIP **PORTLAND OR 97214**

TITLE **V** Delete
 NAME **GILBERTSON, STANLEY**
 STREET ADDRESS **944 WEST WILSHIRE**
 CITY-ST-ZIP **OKLAHOMA CITY OK 73116**

TITLE **D** Delete
 NAME **BAUER, BOB**
 STREET ADDRESS **900 NORTH LARCH STREET**
 CITY-ST-ZIP **LANSING MI 48912**

TITLE **CONTROLLER** Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** Change Addition
 NAME **MARK CARROIT**
 STREET ADDRESS **1950 W. SUNSET**
 CITY-ST-ZIP **SPRINGFIELD, MA 01107**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CONTROLLER** Change Addition
 NAME **JERRY L. GLENN**
 STREET ADDRESS **1900 CROSS BENTON**
 CITY-ST-ZIP **CHARLOTTE, NC 28219**

TITLE Change 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: Jerry L. Glenn **JERRY L. GLENN** **4/30/02** **704-357-3118**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)