

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004146

Entity Name: OZARK AUTOMOTIVE DISTRIBUTORS, INC.**Current Principal Place of Business:**233 S PATTERSON AVE
SPRINGFIELD, MO 65802**Current Mailing Address:**PO BOX 1156
SPRINGFIELD, MO 65801-1156**FEI Number:** 44-0651985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAR
Name O'REILLY, DAVID
Address 233 S PATTERSON AVE
City-State-Zip: SPRINGFIELD MO 65802

Title PRES
Name HENSLEE, GREG
Address 233 S PATTERSON AVE
City-State-Zip: SPRINGFIELD MO 65802

Title SEC
Name HEADLEY, TRICIA
Address 233 S PATTERSON AVE
City-State-Zip: SPRINGFIELD MO 65802

Title TRES
Name MCFALL, TOM
Address 233 SOUTH PATTERSON AVE
City-State-Zip: SPRINGFIELD MO 65802

Title EXEC VICE PRESIDENT
Name SHAW, JEFF
Address 233 S PATTERSON AVE
City-State-Zip: SPRINGFIELD MO 65802

Title SENIOR VICE PRESIDENT
Name JOHNSON, GREG
Address 233 S PATTERSON AVE
City-State-Zip: SPRINGFIELD MO 65802

Title VP
Name KRAUS, SCOTT
Address 233 S PATTERSON AVE
City-State-Zip: SPRINGFIELD MO 65802

Title VICE PRESIDENT/GENERAL
COUNSEL
Name GROVES, JEFF
Address 233 S PATTERSON AVE
City-State-Zip: SPRINGFIELD MO 65802

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM MCFALL**CFO****03/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date