

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90134 033 \*\*\*150.00

**DOCUMENT # F97000006486**

1. Entity Name

**AARON'S AUTOMOTIVE PRODUCTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2600 NORTH WESTGATE SPRINGFIELD MO 65803	Mailing Address 2600 NORTH WESTGATE SPRINGFIELD MO 65803-9503
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>ONE OAK HILL</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>WESTMONT, IL</b> Zip <b>60559</b>
--	--

4. FEI Number <b>95-4487801</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

**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 \_\_\_\_\_ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DUBOSE, MICHAEL</b> <b>2600 N WESTGATE</b> <b>SPRINGFIELD MO 65803-9503</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>BEAR, KENNETH</b> <b>2600 N WESTGATE</b> <b>SPRINGFIELD MO 65803-9503</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>BEAR, K A</b> <b>2600 M WESTGATE</b> <b>SPRINGFIELD MO 65803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOS</b> <input checked="" type="checkbox"/> Delete <b>HARPER, CHARLES L</b> <b>2600 NORTH WESTGATE</b> <b>SPRINGFIELD MO 65803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <input type="checkbox"/> Delete <b>SALAMUNOVICH, J</b> <b>900 OAKMONT LN, STE 100</b> <b>WESTMONT IL 60559</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MICHAEL T. DUBOSE</b> <b>2220 KINCAID RD.</b> <b>WILLIAMS, OR 97544</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PAUL J. KOMAROMY</b> <b>4256 LORI LEE CT.</b> <b>SPRINGFIELD, MO 65809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BARRY C. KOHN</b> <b>10935 HASTINGS LANE</b> <b>POWELL, OH 43065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOSEPH SALAMUNOVICH</b> <b>645 ASHBURY DRIVE</b> <b>AURORA, IL 60504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ASST. SECRETARY</b> <b>DANIEL D. SCOPETTI</b> <b>ONE OAK HILL</b> <b>WESTMONT, IL 60559</b>

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:** *Daniel D. Scopetti* **DANIEL D. SCOPETTI** **4/24/00** **(630) 755-6000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)