

1.) CORPORATION NAME:

**O'Reilly Automotive Stores, Inc.**

DUE DATE: **7/31/2011**

SCC ID NO: **F1556937**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX ROAD SUITE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 233 S PATTERSON AVE

CITY/ST/ZIP: SPRINGFIELD, MO 65802-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TRICIA HEADLEY  
TITLE: SECRETARY  
ADDRESS: 233 S PATTERSON AVE  
CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-

OFFICER

DIRECTOR

NAME: TED WISE  
TITLE: COO  
ADDRESS: 233 S PATTERSON AVE  
CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-

OFFICER

DIRECTOR

NAME: DAVID O'REILLY  
TITLE: CHAIRMAN  
ADDRESS: 233 S PATTERSON AVE  
CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-

OFFICER

DIRECTOR

NAME: MICHAEL SWEARENGIN  
TITLE: VICE PRESIDENT  
ADDRESS: 233 S PATTERSON AVE  
CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-

OFFICER

DIRECTOR

NAME: JEFF SHAW  
TITLE: VICE PRESIDENT  
ADDRESS: 233 S PATTERSON AVE  
CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-

OFFICER

DIRECTOR

NAME: GREG JOHNSON TITLE: VICE PRESIDENT ADDRESS: 233 S PATTERSON AVE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WAYNE PRICE TITLE: VICE PRESIDENT ADDRESS: 233 S PATTERSON AVE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JULIE GRAY TITLE: ASST SECRETARY ADDRESS: 233 S PATTERSON AVE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID TURNEY TITLE: CORP COMPLIANCE ADDRESS: 233 S PATTERSON AVE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JEFF GROVES TITLE: VICE PRESIDENT ADDRESS: 233 S PATTERSON AVE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GREG HENSLEE TITLE: PRESIDENT ADDRESS: 233 S PATTERSON AVE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TOM MCFALL TITLE: TREASURER ADDRESS: 233 S PATTERSON AVE CITY/ST/ZIP/CO: SPRINGFIELD, MO 65802-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TOM MCFALL _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TOM MCFALL, TREASURER _____ PRINTED NAME AND CORPORATE TITLE	6/9/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		