

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214509476

1.) CORPORATION NAME:

**U.S. Auto Parts Network, Inc.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1782954**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16941 KEEGAN AVE

CITY/ST/ZIP: CARSON, CA 90746

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:	SHANE EVANGELIST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	16941 KEEGAN AVE		
CITY/ST/ZIP/CO:	CARSON, CA 90746		

NAME:	AARON COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	16941 KEEGAN AVE		
CITY/ST/ZIP/CO:	CARSON, CA 90746		

NAME:	DAVID ROBSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	16941 KEEGAN AVE		
CITY/ST/ZIP/CO:	CARSON, CA 90746		

NAME:	JOSH BERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16941 KEEGAN AVE		
CITY/ST/ZIP/CO:	CARSON, CA 90746		

NAME:	FREDRIC HARMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16941 KEEGAN AVE		
CITY/ST/ZIP/CO:	CARSON, CA 90746		

NAME:	SOL KHAZANI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16941 KEEGAN AVE		
CITY/ST/ZIP/CO:	CARSON, CA 90746		

NAME: ROBERT J MAJTELES TITLE: DIRECTOR ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON, CA 90746	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WARREN PHELPS III TITLE: DIRECTOR ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON, CA 90746	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRAD WILSON TITLE: DIRECTOR ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON , CA 90746	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA PALMER TITLE: DIRECTOR ADDRESS: 16941 KEEGAN AVE CITY/ST/ZIP/CO: CARSON, CA 90746	<input 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/ SHANE EVANGELIST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHANE EVANGELIST, CEO PRINTED NAME AND CORPORATE TITLE	2/21/2014 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.		