



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 MAR 24 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002323					
1. Entity Name VOLKSWAGEN BANK USA					
Principal Place of Business 5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107			Mailing Address 5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 87-0674584				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, RAYMOND P		NAME	Horst Meima	
STREET ADDRESS	5295 SOUTH 300 WEST, SUITE 500		STREET ADDRESS	5295 South 300 West, Suite 500	
CITY-ST-ZIP	SALT LAKE CITY, UT 84107		CITY-ST-ZIP	Salt Lake City, UT 84107	
TITLE	TCFO	<input checked="" type="checkbox"/> Delete	TITLE	TCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAFFIN, ANNE		NAME	Mark Howard	
STREET ADDRESS	5295 SOUTH 300 WEST, SUITE 500		STREET ADDRESS	5295 South 300 West, Suite 500	
CITY-ST-ZIP	SALT LAKE CITY, UT 84107		CITY-ST-ZIP	Salt Lake City, UT 84107	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S and Chief Compliance Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, MATT		NAME	Lourdes Johnson	
STREET ADDRESS	5295 SOUTH 300 WEST, SUITE 500		STREET ADDRESS	5295 South 300 West, Suite 500	
CITY-ST-ZIP	SALT LAKE CITY, UT 84107		CITY-ST-ZIP	Salt Lake City, UT 84107	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLZ, JOSEPH S		NAME	John Vermeulen	
STREET ADDRESS	5295 SOUTH 300 WEST, SUITE 500		STREET ADDRESS	5295 South 300 West, Suite 500	
CITY-ST-ZIP	SALT LAKE CITY, UT 84107		CITY-ST-ZIP	Salt Lake City, UT 84107	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, MARY ANN		NAME		
STREET ADDRESS	5295 SOUTH 300 WEST, SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY, UT 84107		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHEN, JAMES B		NAME		
STREET ADDRESS	5295 SOUTH 300 WEST, SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY, UT 84107		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Lourdes Johnson		03/04/05 (801) 743 6313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

3/24/05