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FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000001634 (5)

1. Corporation Name

TOYOTA MOTOR INSURANCE SERVICES, INC.



Principal Place of Business

C/O CORP. TAX DEPT.  
19001 SO. WESTERN AVE.  
TORRANCE CA 90501

Mailing Address

C/O CORP TAX DEPT  
19001 S WESTERN AVE  
TORRANCE CA 90501  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1993

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

33-0178825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPROATION SYSTEM, INC.  
1201 HAYS ST  
STE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME ISHIZAKA, YOSHIO  
STREET ADDRESS 19001 S. WESTERN AVENUE  
CITY-ST-ZIP TORRANCE CA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE BVPD ☐ DELETE  
NAME BORST, GEORGE E  
STREET ADDRESS 19001 S. WESTERN AVENUE  
CITY-ST-ZIP TORRANCE CA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE BVPD ☐ DELETE  
NAME SHIGEMI, NOBU  
STREET ADDRESS 19001 S. WESTERN AVENUE  
CITY-ST-ZIP TORRANCE CA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME DEADERICK, MICHAEL  
STREET ADDRESS 19001 S. WESTERN AVENUE  
CITY-ST-ZIP TORRANCE CA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME AUST, JAMES L  
STREET ADDRESS 19001 S. WESTERN AVENUE  
CITY-ST-ZIP TORRANCE CA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME COHEN, ALAN  
STREET ADDRESS 19001 S. WESTERN AVENUE  
CITY-ST-ZIP TORRANCE CA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Michael Deaderick

Vice President

2/27/98

(310) 618-5128

CR2E034 (10/97)