NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-08-2002 90124 009 ****61.25
06-19-2002 90459 024 ****88.75

DOCUMENT # F93000001634

1. Entity Name
TOYOTA MOTOR INSURANCE SERVICES, INC.

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869775

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2. Principal Place of Business	3. Mailing Address
C/O CORP. TAX DEPT.	C/O CORP. TAX DEPT.
Suite, Apt. #, etc.: 19001 S. WESTERN AVE.	Suite, Apt. #, etc.: 19001 S. WESTERN AVE.
City & State: TORRANCE, CA 90501	City & State: TORRANCE, CA 90501
Zip: 90501 Country: USA	Zip: 90501 Country: USA

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: THE PRENTICE HALL CORP. SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST

SUITE 105

City: TALLAHASSEE FL Zip Code: 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	BORST, GEORGE E.
STREET ADDRESS	19001 S. WESTERN AVE
CITY-ST-ZIP	TORRANCE, CA 90501
TITLE	EXEC. VICE PRESIDENT
NAME	TSURUMI, NOBUKAZU
STREET ADDRESS	19001 S WESTERN AVE
CITY-ST-ZIP	TORRANCE, CA 90501
TITLE	GROUP VICE PRESIDENT
NAME	PELLICCIONI, DAVID
STREET ADDRESS	19001 S WESTERN AVE
CITY-ST-ZIP	TORRANCE, CA 90501
TITLE	SECRETARY
NAME	COHEN, ALAN F.
STREET ADDRESS	19001 S WESTERN AVE
CITY-ST-ZIP	TORRANCE, CA 90501
TITLE	
NAME	
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CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DAVID PELLICCIONI 04-22-02 (310)468-4336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #