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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004579

1. Corporation Name
ABN AMRO ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
181 W. MADISON ST CHICAGO IL 60602	135 S LASALLE ST C/O MARTIN L. EISENBERG. STE 860 CHICAGO IL 60603 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1995

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 13-3663307 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHN KRAMER		1.2 NAME		
STREET ADDRESS	208 S LASALLE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60604		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	JOHN A WING		2.2 NAME	TIMOTHY O'GORMAN	
STREET ADDRESS	208 S LASALLE ST		2.3 STREET ADDRESS	208 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 30604		2.4 CITY-ST-ZIP	CHICAGO, IL 60604	
TITLE	T	☒ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	WILBERT A THIEL		3.2 NAME	ROBERT LETCHWORTH	
STREET ADDRESS	208 S LASALLE ST		3.3 STREET ADDRESS	208 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 30604		3.4 CITY-ST-ZIP	CHICAGO, IL 60604	
TITLE	D	☒ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	QUINN, ROBERT K		4.2 NAME	AARON GADOVAS	
STREET ADDRESS	135 S. LASALLE ST		4.3 STREET ADDRESS	208 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 60674-9135		4.4 CITY-ST-ZIP	CHICAGO, IL 60604	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EISENBERG, MARTIN L		5.2 NAME		
STREET ADDRESS	135 S. LASALLE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60603		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FLORES, KIRK P		6.2 NAME		
STREET ADDRESS	135 S. LASALLE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60603		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, with all other like empowered.

SIGNATURE: [signature] VP 4/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)