2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: AUTOMOTIVE FINANCE CONSUMER DIVISON, LLC

Current Principal Place of Business:

13085 HAMILTON CROSSING BLVD., STE. 330
CARMEL, IN 46032

New Principal Place of Business:

Current Mailing Address:

13085 HAMILTON CROSSING BLVD., STE. 330
CARMEL, IN 46032

New Mailing Address:

FEI Number: 26-1218186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ADESA DEALER SERVICES INC.
Address: 13085 HAMILTON CROSSING BLVD., STE. 510
City-St-Zip: CARMEL, IN 46032

Title: P
Name: HANULAK, MARGOT E
Address: 13085 HAMILTON CROSSING BLVD., STE. 330
City-St-Zip: CARMEL, IN 46032

Title: EVP
Name: LOUGHMILLER, ERIC M
Address: 13085 HAMILTON CROSSING BLVD., STE. 330
City-St-Zip: CARMEL, IN 46032

Title: S
Name: NELSON, MARK R
Address: 13085 HAMILTON CROSSING BLVD., STE. 330
City-St-Zip: CARMEL, IN 46032

Title: CFO
Name: MONEY, JAMES E II
Address: 13085 HAMILTON CROSSING BLVD., STE. 330
City-St-Zip: CARMEL, IN 46032

Title: AS
Name: POLAK, REBECCA C
Address: 13085 HAMILTON CROSSING BLVD., STE. 330
City-St-Zip: CARMEL, IN 46032

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: MARK R. NELSON SEC 01/21/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date