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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P21098

1. Corporation Name
PORSCHE CARS NORTH AMERICA, INC.



Principal Place of Business
 980 HAMMOND DRIVE, SUITE 1000
 ATTN: ACCOUNTS PAYABLE
 ATLANTA GA 30328

Mailing Address
 980 HAMMOND DRIVE, SUITE 1000
 ATTN: ACCOUNTS PAYABLE
 ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/28/1988

2. Principal Place of Business		2a. Mailing Address	
21		26	P.O. Box 4253
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 Liste IL	
24 Zip	25 Country	29 Zip	30 Country
		60532	USA

4. FEI Number	Applied For
88-0196199	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHWAB, FREDERICK J.
STREET ADDRESS	100 W LIBERTY ST.
CITY-ST-ZIP	RENO NV
TITLE	T <input type="checkbox"/> DELETE
NAME	DUPPER, ROSS A.
STREET ADDRESS	100 W LIBERTY ST.
CITY-ST-ZIP	RENO NV
TITLE	C <input type="checkbox"/> DELETE
NAME	WIEDIKING, WENDELIN
STREET ADDRESS	PORSCHSTR. 42, 70435 STUTTGART
CITY-ST-ZIP	ZUFFENHAUSE GE
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLGER HARTER
STREET ADDRESS	PORSCHSTR. 42, 70435 STUTTGART
CITY-ST-ZIP	ZUFFENHAUSEN GE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	980 Hammond Dr., Ste. 1000
1.4 CITY-ST-ZIP	Atlanta, GA 30328
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S/T Lindheim, Wolfgang
2.3 STREET ADDRESS	980 Hammond Dr., Ste. 1000
2.4 CITY-ST-ZIP	Atlanta GA 30328
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Asst. Secy Dupper, Ross A.
5.3 STREET ADDRESS	4343 Commerce Court
5.4 CITY-ST-ZIP	Liste IL 60532
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* **ASSISTANT SECRETARY** Date: **4-13-99** Daytime Phone #: **(630) 505-1515**

CR2E034 (1/98)