

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90087 020 \*\*\*150.00

**DOCUMENT # P21098**

1. Entity Name  
**PORSCHE CARS NORTH AMERICA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 980 HAMMOND DRIVE, SUITE 1000 ATTN: ACCOUNTS PAYABLE ATLANTA GA 30328 US	Mailing Address P.O. BOX 4253 LISTE IL 60532-9253 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>88-0196199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b>	NAME <b>SCHWAB, FREDERICK J.</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>980 HAMMON DRIVE, SUITE 1000</b>	CITY-ST-ZIP <b>ATLANTA GA 30328</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>ST</b>	NAME <b>LINDHEIM, WOLFGANG</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>980 HAMMOND DRIVE, SUITE 1000</b>	CITY-ST-ZIP <b>ATLANTA GA 30328</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>C</b>	NAME <b>WIEDIKING, WENDELIN</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>PORSCHESTR. 42, 70435 STUTTGART</b>	CITY-ST-ZIP <b>ZUFFENHAUSE GE</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>HOLGER HARTER</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>PORSCHESTR. 42, 70435 STUTTGART</b>	CITY-ST-ZIP <b>ZUFFENHAUSEN GE</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>AS</b>	NAME <b>DUPPER, ROSS A</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4343 COMMERCE COURT</b>	CITY-ST-ZIP <b>LISLE IL 60532</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>Asst. Treasurer</b>	NAME <b>Robert C. Diamond</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>4343 Commerce Court</b>	CITY-ST-ZIP <b>Lisle, IL 60532</b>		STREET ADDRESS	CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. Diamond **ROBERT C. DIAMOND** 4/26/00 630-505-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #