



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90316 027 ***150.00

DOCUMENT # P21098					
1. Entity Name PORSCHE CARS NORTH AMERICA, INC.					
Principal Place of Business 980 HAMMOND DRIVE, SUITE 1000 ATTN: ACCOUNTS PAYABLE ATLANTA, GA 30328 US			Mailing Address P.O. BOX 4253 LISLE, IL 60532 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 88-0196199	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code
			FL		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAB, FREDERICK J.		NAME	SCHWARZENBAUER, PETER	
STREET ADDRESS	980 HAMMON DRIVE, SUISTE 1000		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDHEIM, WOLFGANG		NAME		
STREET ADDRESS	980 HAMMOND DRIVE, SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEDIKING, WENDELIN		NAME		
STREET ADDRESS	PORSCHESTR. 42, 70435 STUTTGART		STREET ADDRESS		
CITY-ST-ZIP	ZUFFENHAUSE, GE		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLGER HARTER		NAME	HARTER, HOLGER	
STREET ADDRESS	PORSCHESTR. 42, 70435 STUTTGART		STREET ADDRESS		
CITY-ST-ZIP	ZUFFENHAUSEN, GE		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPPER, ROSS A		NAME		
STREET ADDRESS	4343 COMMERCE COURT		STREET ADDRESS		
CITY-ST-ZIP	LISLE, IL 60532		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, ROBERT C		NAME		
STREET ADDRESS	4343 COMMERCE COURT		STREET ADDRESS		
CITY-ST-ZIP	LISLE, IL 60532		CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Robert C. Diamond		(630) 955-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Attachment

OFFICER ATTACHMENT:

54046279
F00000003241

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ANNUAL REPORT

DOCUMENT # F00000003241
PORSCHE LATIN AMERICA, INC.

ADDITIONS TO OFFICERS AND DIRECTORS IN 11:

TITLE: ASSISTANT TREASURER
NAME: DIAMOND, ROBERT C.
ST. ADDR: 4343 COMMERCE COURT, SUITE 300
CITY-ST-ZIP LISLE, IL 60532

X ADDITION

TITLE: DIRECTOR
NAME: HUNGER, ANTON
ST. ADDR: 4343 COMMERCE COURT, SUITE 300
CITY-ST-ZIP LISLE, IL 60532

X ADDITION