


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P21098
 1. Entity Name
 PORSCHE CARS NORTH AMERICA, INC.



Principal Place of Business Mailing Address
 980 HAMMOND DRIVE, SUITE 1000 P.O. BOX 4253
 ATTN: ACCOUNTS PAYABLE LISLE, IL 60532 US
 ATLANTA, GA 30328 US



04012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0196199	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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

100000500562
 05/06/06-80001-022 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARZENBAUER, PETER 980 HAMMOND DRIVE, SUITE 1000 ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LINDHEIM, WOLFGANG 980 HAMMOND DRIVE, SUITE 1000 ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WIEDKING, WENDELIN PORSHE PLATZ 1, STUTTGART-ZUFFENHAUSEN GERMANY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTER, HOLGER PORSHE PLATZ 1, STUTTGART-ZUFFENHAUSEN GERMANY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DIAMOND, ROBERT C 4343 COMMERCE COURT LISLE, IL 60532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/14/06 (630) 225-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #