

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

0651303 AT

03-20-2003 90138 022 ***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
Lisle, IL

4. FEI Number **88-0196199**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$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
NAME	SCHWAB, FREDERICK J.	
STREET ADDRESS	980 HAMMON DRIVE, SUITE 1000	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LINDHEIM, WOLFGANG	
STREET ADDRESS	980 HAMMOND DRIVE, SUITE 1000	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	C	<input type="checkbox"/> Delete
NAME	WIEDIKING, WENDELIN	
STREET ADDRESS	PORSCHESTR. 42, 70435 STUTTGART	
CITY-ST-ZIP	ZUFFENHAUSE GE	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLGER HARTER	
STREET ADDRESS	PORSCHESTR. 42, 70435 STUTTGART	
CITY-ST-ZIP	ZUFFENHAUSEN GE	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DUPPER, ROSS A	
STREET ADDRESS	4343 COMMERCE COURT	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DIAMOND, ROBERT C	
STREET ADDRESS	4343 COMMERCE COURT	
CITY-ST-ZIP	LISLE IL 60532	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/14/03** (630) 505-1515
Daytime Phone #

CR2E034 (10/02)