Apr 29, 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 # P36835

1. Corporation Name

PORSCHE CREDIT CORPORATION

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Principal Place	e of Business	Mailing Address				1 (48)(48) (40 11114 61141 10160	ISTATION ATTENDED	81811 B1811 B1811 (TARL GIBII SABI
4343 COMMERC	CE CT	4343 COMMERCE CT			}					
SUITE 214 SUITE 214							DO NOT WE	ITE IN TUIS	CDACE	
LISLE IL 60532 LISLE IL 60532						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		US				12/23/199)		}
2. Principal Pl	lace of Business	2a. Mailing Address				El Number	•		Ap	plied For
21	·····	26			1	38-027384	6		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						<u></u> _	\$8.75	Additional
22	2 <u></u>	27			5. 5	Settiticate of a	Status Desired		Fee Re	equired
City & State	e	City & State			6. 1	Election Camp	paign Financing		\$5.00	May Be
23		28			7	Trust Fund Co	ontribution		Added	to Fees
Zip	Country	Zip	Country	,	8. 1	This corporati	on owes the cu	rrent year In		
24	25	29	30			Personal Prop			☐ Yes	□No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	t Registered Agent			10.	Name and A	ddress of New	Registered	Agent	
OT C	CODDODATION CVCTCM		81	Name						
CT CORPORATION SYSTEM			82	Street A	Address (P.	D. Box Numb	er is Not Accep	table)		
	S. PINE ISLAND ROAD									
PLAI	NTATION FL 33324		83							
			84	City				FL	85 Zip	Code
	to the provisions of Sections 607.0502	1 007 4500 51 11 01-44				audamita thia c	tatament for th			registered
office or re	egistered agent or both, in the State (of Florida. Such change was au	ithorized by	the como	ration's boa	rd of director	s. I hereby acce	pt the appo	intment as re	gistered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes	i.						
agent. I <u>a</u> i SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes	i. 						
agent. I aı SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE:	Registered Age	i. 	equired when rei	nstating)		DATE		
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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:

630-505-1515