

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P36835

1. Entity Name
PORSCHE FINANCIAL SERVICES, INC.



Principal Place of Business

**4343 COMMERCE CT
SUITE 300
LISLE, IL 60532 US**

Mailing Address

**4343 COMMERCE CT
SUITE 300
LISLE, IL 60532 US**



04012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0273846

Applied For
Not Applicable

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) DATE

**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
**D
HARTER, HOLGER P
PORSCHESTR. 42, 70435 STUTTGART
ZUFFENHAUSEN, GE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DUPPER, ROSS A
4343 COMMERCE CT
LISLE, IL 60532**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DETTKE, FRANK
4343 COMMERCE CT
LISLE, IL 60532**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHWARZENBAUER, PETER
980 HAMMOND DRIVE #1000
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BONCUORE, JOHN D.
4343 COMMERCE COURT
LISLE, IL 60532**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000528142
05/05/06-80026-001 150.00

**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: *John D. Boncuore* **John D. Boncuore**

4/14/06

(630) 225-3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #