


**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
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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 <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

**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	

**DO NOT WRITE IN THIS SPACE**

U00000528142  
 05/05/06-80026-001 150.00

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 #