

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90091 007 ***150.00

DOCUMENT # P36872

1. Entity Name
SUBARU OF AMERICA, INC.

Principal Place of Business Mailing Address
 2235 ROUT 70 WEST 2235 ROUT 70 WEST
 CHERRY HILL NJ 08002 CHERRY HILL NJ 08002

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
23-1693419 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUJIKI, YASUO	NAME	See attached list of all Officers and Directors
STREET ADDRESS	2235 ROUTE 70 W	STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NY	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLUCI-DAVIS, SHEILA S	NAME	
STREET ADDRESS	2235 ROUTE 70 WEST	STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARFF, JOSEPH T.	NAME	
STREET ADDRESS	2235 ROUTE 70 WEST	STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ 08002	CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, GEORGE T.	NAME	
STREET ADDRESS	2235 ROUTE 70 WEST	STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ 08002	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADCOCK, FRED D.	NAME	
STREET ADDRESS	2235 ROUTE 70 WEST	STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ 08002	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLL, THOMAS J	NAME	
STREET ADDRESS	2235 ROUTE 70 WEST	STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ 08002	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered, to the best of my knowledge, information and belief.

SIGNATURE: Sheila S. Gallucci-Davis 1-12-2000 856-488-8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)