

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90029 043 \*\*\*150.00

**DOCUMENT #** 805446  
 1. Entity Name

## GENERAL MOTORS CORPORATION

Principal Place of Business Mailing Address  
 MAIL CODE 482-C14-C66 MAIL CODE 482-C14-C66  
 300 RENAISSANCE CENTER P. O. BOX 9025  
 DETROIT, MI. DETROIT, MI.  
 48265-3000 48202-9025

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 38-0572515 Applied For Not Applicable

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

C T CORPORATION SYSTEM  
 1200 SOUTH 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.

**SIGNATURE**  
 Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN OF THE BOARD/CEO <input type="checkbox"/> Delete JOHN J. SMITH, JR. MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE CHAIRMAN OF THE BOARD <input type="checkbox"/> Delete HARRY J. PIERCE MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE VICE PRESIDENT <input type="checkbox"/> Delete JOHN D. FINNEGAN MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input type="checkbox"/> Delete MICHAEL J. BURNS MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input type="checkbox"/> Delete GARY L. COWGER MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHIEF TAX OFFICER <input type="checkbox"/> Delete ROGER D. WHEELER MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** *Roger D. Wheeler* **ROGER D. WHEELER** 4/29/2000 (313) 665-3982  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #