

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002336

**Entity Name:** AUTO TITLES LLC

**Current Principal Place of Business:**

1150 N. ALMA SCHOOL ROAD  
MESA, AZ 85201

**Current Mailing Address:**

1150 N. ALMA SCHOOL ROAD  
MESA, AZ 85201

**FEI Number:** 81-1166402

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title CEO  
Name TUTON, JAMES D  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title PRESIDENT, COO  
Name ROBERTS, DAVID M  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title EVP  
Name DRAIZIN, ADAM R  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title CFO  
Name CHIODO, PATRICIA D  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title ASST. SECRETARY  
Name YOUNG, KRISTEN A  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title SECRETARY  
Name COLLINS, REBECCA  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title SENIOR VICE PRESIDENT  
Name BRIGIDI, VINCENT  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTEN YOUNG

**ASSISTANT SECRETARY** 04/25/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date