

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001730

Entity Name: AUTOMOTIVE FINANCE CORPORATION**Current Principal Place of Business:**11299 N. ILLINOIS STREET
ATTN: FRAN YORK
CARMEL, IN 46032**Current Mailing Address:**11299 N. ILLINOIS STREET
ATTN: FRAN YORK
CARMEL, IN 46032 US**FEI Number:** 35-1699152**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

Officer/Director Detail :

Title D, PRESIDENT
Name MONEY, JAMES E. II
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title D
Name GOTTWALD, DONALD S
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title D
Name HALLETT, JAMES P
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title SVP OF FINANCE & TREASURER
Name WIRGES, AMY
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title S, VP
Name NELSON, MARK R
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title VP
Name MITCHELL, WILL
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title SVP
Name KRAMARZ, PAUL C.
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title VP
Name CALLAGHAN, DEVRA
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK R. NELSON**SECRETARY****01/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name GODSEY, PAUL
Address 11299 N. ILLINOIS STREET
SUITE 300
City-State-Zip: CARMEL IN 46032

Title VP
Name MAURER, KYLE
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title VP
Name COMEAUX, CHUCK
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032

Title ASST. TREASURER
Name SMITH, BETH
Address 11299 N. ILLINOIS STREET
City-State-Zip: CARMEL IN 46032