

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P27148

**Entity Name:** HYUNDAI CAPITAL AMERICA, INC.

**FILED**  
**Mar 12, 2019**  
**Secretary of State**  
**2426079673CC**

**Current Principal Place of Business:**

3161 MICHELSON DRIVE  
SUITE 1900  
IRVINE, CA 92612

**Current Mailing Address:**

3161 MICHELSON DRIVE  
SUITE 1900  
IRVINE, CA 92612 US

**FEI Number: 33-0369347**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT, CHIEF EXECUTIVE  
                  OFFICER AND DIRECTOR  
Name            WILLIAMS, ROSS C.  
Address        3161 MICHELSON DRIVE, SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            CFO  
Name            LEE, HYUNG SEOK  
Address        3161 MICHELSON DRIVE, SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            TREASURER  
Name            YOON, CHARLEY CHANGMIN  
Address        3161 MICHELSON DRIVE, SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            SECRETARY  
Name            MOORE, CAROL J  
Address        3161 MICHELSON DRIVE, SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            DIRECTOR  
Name            YOO, BYUNGKAG  
Address        10550 TALBERT AVENUE  
City-State-Zip: FOUNTAIN VALLEY CA 92708

Title            DIRECTOR  
Name            HAHN, SUK WON  
Address        111 PETERS CANYON RD  
City-State-Zip: IRVINE CA 92606

Title            SENIOR VICE PRESIDENT  
Name            KLUMPP, ECKART  
Address        3161 MICHELSON DRIVE  
                  SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            CHIEF RISK OFFICER  
Name            BRUTTI, MARCELO A.  
Address        3161 MICHELSON DRIVE, SUITE 1900  
City-State-Zip: IRVINE CA 92612

*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: CAROL J. MOORE**

**SECRETARY**

**03/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date