

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P36835

**Entity Name:** PORSCHE FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

ONE PORSCHE DRIVE  
ATLANTA, GA 30354

**Current Mailing Address:**

ONE PORSCHE DRIVE  
ATLANTA, GA 30354 US

**FEI Number: 88-0273846**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S. 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  
Name            DUPPER, ROSS A.  
Address        ONE PORSCHE DRIVE  
City-State-Zip: ATLANTA GA 30354

Title            SECRETARY  
Name            CAMPBELL KELLY, PAULA  
Address        ONE PORSCHE DRIVE  
City-State-Zip: ATLANTA GA 30354

Title            TREASURER  
Name            RIESS, MARC  
Address        ONE PORSCHE DRIVE  
City-State-Zip: ATLANTA GA 30354

Title            ASSISTANT SECRETARY  
Name            BONCUORE, JOHN  
Address        ONE PORSCHE DRIVE  
City-State-Zip: ATLANTA GA 30354

Title            DIRECTOR  
Name            MAIER, BERNHARD  
Address        ONE PORSCHE DRIVE  
City-State-Zip: ATLANTA GA 30354

Title            DIRECTOR  
Name            MOSER, ALBERT  
Address        ONE PORSCHE DRIVE  
City-State-Zip: ATLANTA GA 30354

Title            DIRECTOR  
Name            VON PLATEN, DETLEV  
Address        ONE PORSCHE DRIVE  
City-State-Zip: ATLANTA GA 30354

Title            DIRECTOR  
Name            MESCHKE, LUTZ  
Address        ONE PORSCHE DRIVE  
City-State-Zip: ATLANTA GA 30354

*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: JOHN BONCUORE**

**ASSISTANT SECRETARY    04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date