

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL. 33324

7. Name and Address of New Registered Agent

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 ☐ Delete JOHN J. SMITH, JR. MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE CHAIRMAN OF THE BOARD ☐ Delete HARRY J. PIERCE MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE VICE PRESIDENT ☐ Delete JOHN D. FINNEGAN MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT ☐ Delete MICHAEL J. BURNS MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT ☐ Delete GARY L. COWGER MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHIEF TAX OFFICER ☐ Delete ROGER D. WHEELER MC 482-C14-C66, 300 RENAISSANCE CENTER DETROIT, MI. 48265-3000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 #