FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807755 (4)

1. Corporation Name
CHRYSLER FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
27777 FRANKLIN RD. SOUTHFIELD MI 48034	27777 FRANKLIN RD. SOUTHFIELD MI 48034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1948
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business (21):	2a. Mailing Address (26): 27777 FRANKLIN RD.
Suite, Apt #, etc (22):	Suite, Apt #, etc (27):
City & State (23):	City & State (28): SOUTHFIELD MI
Zip (24): Country (25):	Zip (29): 48034 Country (30):

4. FEI Number: 38-0961430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1 1 TITLE	☐ Change ☐ Addition
NAME	LINK, R A	1 2 NAME	
STREET ADDRESS	27777 FRANKLIN RD.	1 3 STREET ADDRESS	
CITY ST ZIP	SOUTHFIELD MI	1 4 CITY ST ZIP	
TITLE	VT	2 1 TITLE	☐ Change ☐ Addition
NAME	ROBISON, D A	2 2 NAME	
STREET ADDRESS	27777 FRANKLIN RD.	2 3 STREET ADDRESS	
CITY ST ZIP	SOUTHFIELD MI	2 4 CITY ST ZIP	
TITLE	~~TD~~	3 1 TITLE	☒ Change ☐ Addition
NAME	~~TIERNEY, J.P.~~	3 2 NAME	O, D, L, K, T.W. LIST
STREET ADDRESS	27777 FRANKLIN RD.	3 3 STREET ADDRESS	ATTACHED
CITY ST ZIP	SOUTHFIELD MI	3 4 CITY ST ZIP	
TITLE	VP	4 1 TITLE	☐ Change ☐ Addition
NAME	CANTWELL, D.M.	4 2 NAME	
STREET ADDRESS	27777 FRANKLIN RD.	4 3 STREET ADDRESS	
CITY ST ZIP	SOUTHFIELD MI	4 4 CITY ST ZIP	
TITLE	VP	5 1 TITLE	☐ Change ☐ Addition
NAME	ANDERS, P.E. JR	5 2 NAME	
STREET ADDRESS	27777 FRANKLIN ROAD	5 3 STREET ADDRESS	
CITY ST ZIP	SOUTHFIELD MI	5 4 CITY ST ZIP	
TITLE	VPC	6 1 TITLE	☐ Change ☐ Addition
NAME	DYKSTRA, T.P	6 2 NAME	
STREET ADDRESS	27777 FRANKLIN ROAD	6 3 STREET ADDRESS	
CITY ST ZIP	SOUTHFIELD MI	6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE: ______________ P. H. Latham, Asst. Controller — 4-21-95 — (810) 948-3215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384065 CP