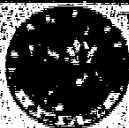


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Brenda B. Matheson
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

**27777 FRANKLIN RD.
SOUTHFIELD MI 48034**

Mailing Address

**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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

48034

30

Country

4. FEI Number

38-0961430

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	LINK, R A
STREET ADDRESS	27777 FRANKLIN RD.
CITY, ST, ZIP	SOUTHFIELD MI
TITLE	VP
NAME	ROBISON, D A
STREET ADDRESS	27777 FRANKLIN RD.
CITY, ST, ZIP	SOUTHFIELD MI
TITLE	VP
NAME	HERNEY, J P
STREET ADDRESS	27777 FRANKLIN RD.
CITY, ST, ZIP	SOUTHFIELD MI
TITLE	VP
NAME	CANTWELL, D.M.
STREET ADDRESS	27777 FRANKLIN RD.
CITY, ST, ZIP	SOUTHFIELD MI
TITLE	VP
NAME	ANDERS, P.E. JR
STREET ADDRESS	27777 FRANKLIN ROAD
CITY, ST, ZIP	SOUTHFIELD MI
TITLE	VPC
NAME	DYKSTRA, T.P
STREET ADDRESS	27777 FRANKLIN ROAD
CITY, ST, ZIP	SOUTHFIELD MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	LIST ATTACHED
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 this 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 ending, or on an attachment with an address.

SIGNATURE:

Brenda B. Matheson
Asst. Controller

4-21-95

807755-3245