

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

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**~~

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

18326-276

30

CAYLAND

3. Date Incorporated or Qualified

12/28/1948

3a. Date of Last Report

05/01/1995

4. FET 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, or both, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LINK, R.A.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBISON, D.A.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CANTWELL, D.M.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANDERS, P.E. JR	
STREET ADDRESS	27777 FRANKLIN ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	BYKSTRA, T.P.	
STREET ADDRESS	27777 FRANKLIN ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	T.L. HACKMAN	
3. STREET ADDRESS	3 SAME	
4. CITY-ST-ZIP	3 SAME	
5. TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	T.J. MADSEN	
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	VPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	VPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	GILMAN, T.F	
15. STREET ADDRESS	27777 FRANKLIN ROAD	
16. CITY-ST-ZIP	SOUTHFIELD MI	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. H. Latham
Asst. Controller

4-23-96 80-512-3074
Date Daytime Phone #

CR2E034 (12/95)