

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90010 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821770 ✓

1. Corporation Name

General Motors Overseas Distribution Corp.

Principal Place of Business 3044 W. GRAND BLVD. ROOM 15-201 DETROIT, MI 48202	Mailing Address 3044 W. GRAND BLVD. ROOM 15-201 DETROIT, MI 48202
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1968

4. FEI Number

38-1271304

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 owes the current year Intangible Personal
Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324

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	V/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendry, Robert W.	1.2 NAME	
STREET ADDRESS	3044 W. GRAND BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT, MI 48202	1.4 CITY - ST - ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borst, Walter G.	2.2 NAME	
STREET ADDRESS	3044 W. GRAND BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT, MI 48202	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lister, Barbara A.	3.2 NAME	
STREET ADDRESS	3044 W. GRAND BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT, MI 48202	3.4 CITY - ST - ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herman, David J.	4.2 NAME	
STREET ADDRESS	3044 W. GRAND BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT, MI 48202	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dieterich, Maurice F.	5.2 NAME	
STREET ADDRESS	3044 W. GRAND BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT, MI 48202	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nerod, Richard C.	6.2 NAME	
STREET ADDRESS	3044 W. GRAND BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT, MI 48202	6.4 CITY - ST - ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #