

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **825191** (0)

1. Corporation Name

ROLLS-ROYCE MOTORS CARS INC.

Principal Place of Business

120 CHUBB AVE
PO BOX 476
LYNDHURST NJ 07071

Mailing Address

120 CHUBB AVE
PO BOX 476
LYNDHURST NJ 07071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/13/1970** 3a. Date of Last Report **06/21/1994**

4. FEI Number **13-5660016** 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

21	2. Principal Place of Business	2a. Mailing Address
	140 EAST Ridgewood Ave	140 EAST Ridgewood Ave
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
	PARAMUS NEW JERSEY	PARAMUS NEW JERSEY
24	Zip	Country
	07652	
25		29
		07652
30		

9. Name and Address of Current Registered Agent

OT CORPORATION SYSTEM
1200 SOUTH 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 consisting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO-ORDINATOR	1.1 TITLE	D
NAME	WARD, PETER T.	1.2 NAME	WOODWARK Christopher J.S.
STREET ADDRESS	120 CHUBB AVE. BOX 476	1.3 STREET ADDRESS	140 EAST Ridgewood Ave.
CITY-ST-ZIP	LYNDHURST NJ	1.4 CITY-ST-ZIP	PARAMUS NJ 07652
TITLE	I	2.1 TITLE	
NAME	LARSEN, MARK	2.2 NAME	
STREET ADDRESS	120 CHUBB AVE. BOX 476	2.3 STREET ADDRESS	140 EAST Ridgewood Ave
CITY-ST-ZIP	LYNDHURST NJ	2.4 CITY-ST-ZIP	PARAMUS NJ 07652
TITLE	S	3.1 TITLE	SD
NAME	KENNEDY, WILLIAM P.	3.2 NAME	
STREET ADDRESS	120 CHUBB AVE. BOX 476	3.3 STREET ADDRESS	140 EAST Ridgewood Ave
CITY-ST-ZIP	LYNDHURST NJ	3.4 CITY-ST-ZIP	PARAMUS NJ 07652
TITLE	PD	4.1 TITLE	
NAME	WHAREN, ROBERT R.	4.2 NAME	
STREET ADDRESS	120 CHUBB AVE., BOX 476	4.3 STREET ADDRESS	140 EAST Ridgewood Ave
CITY-ST-ZIP	LYNDHURST NJ	4.4 CITY-ST-ZIP	PARAMUS N.J. 07652
TITLE	D	5.1 TITLE	
NAME	DONOVAN, J MICHAEL	5.2 NAME	DELATA
STREET ADDRESS	120 CHUBB AVE. BOX 476	5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	HUFFMAN, O CHRISTOPHER	6.2 NAME	DELATA
STREET ADDRESS	120 CHUBB AVE. BOX 476	6.3 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST NJ	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 changed, or on an attachment with an acknowledgment.

SIGNATURE:

(SIGNATURE) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. MARK LARSEN - TREASURER

3/15/95 (201)-967-9100