

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90112 024 ***150.00

DOCUMENT # 830223

1. Corporation Name

VOLKSWAGEN OF AMERICA, INC.



Principal Place of Business

**3800 HAMLIN RD 4A03
AUBURN HILLS MI 48326**

Mailing Address

**3800 HAMLIN ROAD
4E02
AUBURN HILLS MI 48326
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1973

4. FEI Number

22-1585834

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

25

29

30

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

TITLE ☒ DELETE
NAME **DP**
STREET ADDRESS **WARRILOW CLIVE B**
CITY-ST-ZIP **474 BEACON HALL DR
AURORA ON**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **KLAUSS, GERD H**
CITY-ST-ZIP **3013 HERON PLACE
BLOOMFIELD HILLS MI**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **RIEHEL GERHARD**
CITY-ST-ZIP **4662 ROLLING RIDGE
W BLOOMFIELD MI**

TITLE ☐ DELETE
NAME **CFO**
STREET ADDRESS **RASPER, WOLFGANG**
CITY-ST-ZIP **2134 KENNEDY DRIVE
ROCHESTER HILLS MI 48309**

TITLE ☐ DELETE
NAME **AT**
STREET ADDRESS **FLAHERTY, TIMOTHY J**
CITY-ST-ZIP **4716 RAMBLING COURT
TROY MI**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **KLAUSS, GERD H.**
1.4 CITY-ST-ZIP **3013 HERON PLACE
BLOOMFIELD HILLS, MI**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **V**
2.3 STREET ADDRESS **HUNT, LEN**
2.4 CITY-ST-ZIP **3417 S. CENTURY OAKS CIRCLE
OAKLAND TOWNSHIP MI 48463**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
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 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 #

248/340-5662

CR2E034 (1/98)