

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90453 032 \*\*\*150.00

**DOCUMENT # 830223**

1. Entity Name

**VOLKSWAGEN OF AMERICA, INC.**

Principal Place of Business

Mailing Address

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

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

**00049719**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1585834**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KLAUSS, GERD H</b>	
STREET ADDRESS	<b>3013 HERON PLACE</b>	
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RIEHEL GERHARD</b>	
STREET ADDRESS	<b>4662 ROLLING RIDGE</b>	
CITY-ST-ZIP	<b>W BLOOMFIELD MI</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>RASPER, WOLFGANG</b>	
STREET ADDRESS	<b>2134 KENNEDY DRIVE</b>	
CITY-ST-ZIP	<b>ROCHESTER HILLS MI 48309</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>FLAHERTY, TIMOTHY J</b>	
STREET ADDRESS	<b>4716 RAMBLING COURT</b>	
CITY-ST-ZIP	<b>TROY MI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, LEN</b>	
STREET ADDRESS	<b>3417 S. CENTURY OAKS CIR</b>	
CITY-ST-ZIP	<b>OAKLAND TWSHP MI 48463</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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 **04/18/01** Daytime Phone # **248/754-5662**

CR2E034 (10/00)