

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91419 004 ***150.00

0649216 AT

DOCUMENT # 830223

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-1585834**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLZ, JOSEPH	
STREET ADDRESS	3800 HAMLIN ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITTER, FRANK	
STREET ADDRESS	3800 HAMLIN ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, TIMOTHY J.	
STREET ADDRESS	3800 HAMLIN ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

248/754-5660

Daytime Phone #

CR2E034 (10/02)