

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830246

1. Entity Name

ARVIN FINANCE CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90104 011 ***150.00

Principal Place of Business

Mailing Address

ONE NOBLITT PLAZA BOX 3000
COLUMBUS IN 47202-000
US

ONE NOBLITT PLAZA BOX 3000
COLUMBUS IN 47201-6079
US



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 35-1281585

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, 2000 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	T	<input type="checkbox"/> Delete
NAME	SALES, A. R.	
STREET ADDRESS	865 BAYWOOD COURT	
CITY-ST-ZIP	COLUMBUS IN.	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD A.	
STREET ADDRESS	4442 MALLARD POINT	
CITY-ST-ZIP	COLUMBUS, IN 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, WILLIAM M	
STREET ADDRESS	4843 TIMBER RIDGE	
CITY-ST-ZIP	COLUMBUS IN	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIFFORD, PAGE E	
STREET ADDRESS	737 LAFAYETTE ST.	
CITY-ST-ZIP	COLUMBUS, IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kuzma, Gregory P.	
STREET ADDRESS	2000 Charwood Drive	
CITY-ST-ZIP	Columbus, Indiana 47201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

W. M. Lowe

Chief Tax Officer 1/8/2000

812-379-3523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/99)