

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **835156** (1)
1. Corporation Name
CHRYSLER CAPITAL CORPORATION

Principal Place of Business
**225 HIGH RIDGE ROAD
STAMFORD CT 06905**

Mailing Address
**225 HIGH RIDGE ROAD
STAMFORD CT 06905**



3. Date Incorporated or Qualified
10/07/1975

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
13-2795357

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

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
PD BISHOP, WILLIAM S.
STREET ADDRESS
26 CEDARWOOD DRIVE #1
CITY- ST- ZIP
GREENWICH CT 06830

TITLE ☐ DELETE

NAME
DV NEPTUNE, RICHARD G.
STREET ADDRESS
225 HIGH RIDGE RD.
CITY- ST- ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
V PETERSON, MICHAEL O.
STREET ADDRESS
55 MALBOROUGH RD.
CITY- ST- ZIP
NORTH HAVEN CT 06473

TITLE ☐ DELETE

NAME
VS COZART, RICHARD M.
STREET ADDRESS
6 LAUREN DRIVE
CITY- ST- ZIP
NEW FAIRFIELD FL 06812

TITLE ☐ DELETE

NAME
AT SIMMONS, RUBEN
STREET ADDRESS
225 HIGH RIDGE RD
CITY- ST- ZIP
STAMFORD CT

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

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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

200001834312
-05/22/96--01033--039
*****225.00**

5-22-96
2B-975-3200

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)