

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1975	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 13-2795357	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	28 CEDARWOOD DRIVE #1	1.2 NAME	
STREET ADDRESS	GREENWICH CT 06830	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	NEPTUNE, RICHARD G.	2.2 NAME	
STREET ADDRESS	225 HIGH RIDGE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	PETERSON, MICHAEL O.	3.2 NAME	
STREET ADDRESS	55 MALBOROUGH RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH HAVEN CT 06473	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	VS COZART, RICHARD M.	4.2 NAME	
STREET ADDRESS	6 LAUREN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW FAIRFIELD FL 06812	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	AT SIMMONS, RUBEN	5.2 NAME	
STREET ADDRESS	225 HIGH RIDGE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)