

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90077 048 ***150.00

DO NOT WRITE IN THIS SPACE



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DOCUMENT # 836952

1. Entity Name
GMAC LEASING CORPORATION

Principal Place of Business

**200 RENAISSANCE CENTER
 482 B12 C82
 DETROIT MI 48265
 US**

Mailing Address

**200 RENAISSANCE CENTER
 482 B12 C82
 DETROIT MI 48265
 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

38-6041482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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.

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, 2002 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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **QUENNEVILLE, CATHY L.**
 CITY-ST-ZIP **3044 W. GRAND BLVD.
 DETROIT MI 48202**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GIBSON, JOHN E.**
 CITY-ST-ZIP **3044 W. GRAND BLVD.
 DETROIT MI**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KNORR, CAROL J.**
 CITY-ST-ZIP **3044 W. GRAND BLVD.
 DETROIT MI**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **MUIR, WILLIAM F**
 CITY-ST-ZIP **3044 WEST GRAND BLVD
 DETROIT MI**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **HAUSEMAN, SUSAN G.**
 CITY-ST-ZIP **3044 W. GRAND BLVD.
 DETROIT MI**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **FINNEGAN, JOHN D**
 CITY-ST-ZIP **3044 W GRAND BLVD
 DETROIT MI 48202**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

C. L. Quenneville 1/10/02 313/665-6301

Date

Daytime Phone #

CR2E034 (9/01)