

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90199 009 ***150.00

DOCUMENT # 852118

1. Corporation Name

MERCEDES-BENZ CREDIT CORPORATION

Principal Place of Business

201 MERRITT 7. STE-700
NORWALK CT 06851

Mailing Address

201 MERRITT 7. STE-700
NORWALK CT 06851

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1982

4. FEI Number

93-0790615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME BAUER, GEORG
STREET ADDRESS 52 WEST BROTHER DR.
CITY-ST-ZIP GREENWICH CT

TITLE ☐ DELETE

V
NAME PAYNE, PAUL D
STREET ADDRESS 4 OLD TAVERN RD
CITY-ST-ZIP NEWTOWN, CT 00000

TITLE ☐ DELETE

VPS
NAME MERCK, ROBERT M
STREET ADDRESS 44 NEWTOWN TURNPIKE
CITY-ST-ZIP WESTON CT

TITLE ☐ DELETE

C
NAME ADAMS, HANS
STREET ADDRESS 7307 AICHWALD 1
CITY-ST-ZIP WEST GERMANY 00000

TITLE ☐ DELETE

D
NAME POHL, TIMOTHEUS R.
STREET ADDRESS PHA, 24 WEST 55TH ST.
CITY-ST-ZIP NEW YORK, NY.

TITLE ☐ DELETE

AT
NAME WALCOTT, JOHN R
STREET ADDRESS 25 ASHFORD LANE
CITY-ST-ZIP NEWTOWN CT

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

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, with all other like empowered.

SIGNATURE:

John R Walcott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R Walcott, Assistant Treasurer 4/26/99 (203) 847-4500

Date

Daytime Phone #

CR2E034 (11/98)