FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853841** **(5)**

1. Corporation Name
HERITAGE DEALER SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
30851 W AGOURA RD AGOURA HILLS CA 91301	30851 W AGOURA RD AGOURA HILLS CA 91301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/23/1982**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **95-3553440** ☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☐ Change ☒ Addition
NAME	~~GORDON, FRANK J.~~	1.2 NAME	MARC G. METCALF	
STREET ADDRESS	~~30851 W AGOURA RD~~	1.3 STREET ADDRESS	3001 SUMMER ST.	
CITY-ST-ZIP	~~AGOURA HILLS, CA 00000~~	1.4 CITY-ST-ZIP	STAMFORD, CT 06927	
TITLE	PD	2.1 TITLE	SVP	☐ Change ☒ Addition
NAME	BOSTIC, E.DAVID	2.2 NAME	RICHARD W. BERGMANN	
STREET ADDRESS	30851 W AGOURA RD	2.3 STREET ADDRESS	4931 MATILIJA AVE.	
CITY-ST-ZIP	AGOURA HILLS, CA 00000	2.4 CITY-ST-ZIP	SHERMAN OAKS, CA 91423	
TITLE	VTSD	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	OBEDENCIO, SANTIAGO U	3.2 NAME	STEVEN D. WHEELER	
STREET ADDRESS	30851 W AGOURA RD	3.3 STREET ADDRESS	42884 BLUEHILLS DR.	
CITY-ST-ZIP	AGOURA HILLS, CA 00000	3.4 CITY-ST-ZIP	LAKE ELIZABETH, CA 93532	
TITLE	VSD	4.1 TITLE	VPC	☐ Change ☒ Addition
NAME	OWENS, JAMES J	4.2 NAME	LAURA F. YANANAKA	
STREET ADDRESS	30851 W AGOURA RD	4.3 STREET ADDRESS	23758 S. Columbia Ct.	
CITY-ST-ZIP	AGOURA HILLS, CA 00000	4.4 CITY-ST-ZIP	VALENCIA, CA 91355	
TITLE	~~VPD~~	5.1 TITLE	ASSI VP	☐ Change ☒ Addition
NAME	~~KELLOGG, CLAUDE C~~	5.2 NAME	SANDRA J. BOWER	
STREET ADDRESS	~~30851 W AGOURA RD~~	5.3 STREET ADDRESS	12550 SPRING CREEK ROAD	
CITY-ST-ZIP	~~AGOURA HILLS, CA 00000~~	5.4 CITY-ST-ZIP	MOORPARK, CA 93021	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ SANTIAGO U. OBEDENCIO 4/17/95 (818) 889-2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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