2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A9600001039 1. Entity Name | | | | | | FILED | | |
|--|--|---|---|--|--|---|---|--|
| MANHEIM REMARKETING LIMITED PARTNERSHIP | | | | | | 02 MAY -6 AM | • | |
| Principal Place of Business Mailing Address 1400 LAKE HEARN DRIVE. N.E. 1400 LAKE HEARN DRIVE. ATLANTA GA 30319 ATLANTA GA 30319 | | | | ··- | T | SECRETARY OF S ALLAHASSEE, FL | STATE LORIDA~ | |
| Principal Place of Business 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DUE BY MAY 1, 2002 | | |
| City & State | | City & State | City & State | | 4. FEI Number | 65-0668509 | Applied For Not Applicable | |
| Zip Country | | Zip | Zip Country | | 5. Certificate of | f Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | · - | 7. Name and A | Address of New Registere | • | |
| CORROBATION OFFINOR COMPANY | | | | Name | | | | |
| 1201 HA | ATION SERVICE COMPANY YS STREET | | | Street Addr | ess (P.O. Box Number | P.O. Box Number is Not Acceptable) | | |
| TALLAHASSEE FL 32301-2525 | | | | | - | | | |
| | | | | City | | F | Zip Code | |
| 8. The above | named entity submits this statement for | r the purpose of changing | its register | ed office or reg | istered agent, or both | , in the State of Florida. | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable | | | | | | |
| 9 Capital Contributions #000 40F 000 00 10 Amount of Capital Contribu | | | | | | 11. MAKE CHECK PAYAR | | |
| as Shown | A GENERAL PARTNER 1 | date 2 | 01,419 | 848 | | FOR FEE INFORMATION | | |
| | NOTE: General Partners MA | Y NOT be changed on | the form | ; an amend | ment must be filed | to change a general p | partner. | |
| 12. | GENERAL PARTNER F96000003773 | RINFORMATION | 13. | 1 | | ADDRESS CHANGES O | NLY | |
| NAME STREET ADDRESS | ARIZONA AUCTION SERVICES, 1400 LAKE HEARN DRIVE, N.E. | INC. | STRE | | | | | |
| CITY-ST-ZIP | ATLANTA GA 30319 | · | CITY | -ST-ZIP | | | | |
| DGCUMENT # NAME | | | STRE | ET ADDRESS | 20 | 00005558 | 36620. | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | | -05/20/02 ****526,25 | 01012010 | |
| DOCUMENT # NAME | • | | STRE | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | ST-ZIP | | | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | , | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | ST-ZIP | | | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | | | | |
| STREET ANDRESS CITY-ST-ZIP | | | CITY- | ST-ZIP | | · | | |
| DOCUMENT / NAME | , | | STREE | T ADDRESS | | | | |
| STREET ADDRESS City-St-Zip | | | CITY- | ST-ZIP | | | ** | |
| 14. I hereby c indicated the receive | ertify that the information supplied with on this report is true and accurate and er or trustee empowered to kecute this | this filing does not qualify that my signature shall have report as required by Cha | for the exer re the same apter 620, F | nption stated in legal effect as lorida Statutes | Section 119.07(3)(i), if made under oath; the | Florida Statutes. I further con at I am a General Partner | ertify that the information of the limited partnership or | |

SIGNATURE:

F AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER

Date

Dat