

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003601

1. Entity Name

SATURN RETAIL OF CALIFORNIA, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90042 031 ***150.00

Principal Place of Business

100 SATURN PARKWAY, MD 371-999-F10
SPRING HILL TN 37174

Mailing Address

100 SATURN PARKWAY, MD 371-999-F10
SPRING HILL TN 37174

2. Principal Place of Business

SOUTH PARK TOWER

3. Mailing Address

SOUTH PARK TOWER

Suite, Apt. #, etc.

6000 FAIRVIEW ROAD, SUITE 310

Suite, Apt. #, etc.

6000 FAIRVIEW ROAD, SUITE 310

City & State

CHARLOTTE, N.C.

City & State

CHARLOTTE, N.C.

Zip

28210

Country

Zip

28210

Country

4. FEI Number

62-1742209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2001 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 P
NAME GRIFFIN, STEPHEN W
STREET ADDRESS 100 SATURN PARKWAY
CITY-ST-ZIP SPRING HILL TN 37174 ☒ Delete

TITLE VASD
NAME THOMSON, CHARLES C JR.
STREET ADDRESS 1420 STEPHENSON HIGHWAY
CITY-ST-ZIP TROY MI 48007 ☒ Delete

TITLE ST
NAME JONES, ANNA R
STREET ADDRESS 100 SATURN PARKWAY
CITY-ST-ZIP SPRING HILL TN 37174 ☒ Delete

TITLE V
NAME THOMPSON, BRUCE J JR.
STREET ADDRESS 6000 FAIRVIEW ROAD, SUITE 310
CITY-ST-ZIP CHARLOTTE NC 28210 ☐ Delete

TITLE D
NAME LAJZIAK, JILL
STREET ADDRESS 1420 STEPHENSON HIGHWAY
CITY-ST-ZIP TROY MI 48007 ☐ Delete

TITLE D
NAME TOPORZYCKI, EDWARD J
STREET ADDRESS 100 SATURN PARKWAY
CITY-ST-ZIP SPRING HILL TN 37174 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RICHARD H. TROST
STREET ADDRESS 100 SATURN PARKWAY
CITY-ST-ZIP SPRING HILL TN 37174 ☒ Change ☒ Addition

TITLE VASD
NAME JOHN F. MINDICH
STREET ADDRESS 100 SATURN PARKWAY
CITY-ST-ZIP SPRING HILL TN 37174 ☒ Change ☒ Addition

TITLE ST
NAME DANIEL R MOHNIK
STREET ADDRESS 100 SATURN PARKWAY
CITY-ST-ZIP SPRING HILL TN 37174 ☐ Change ☒ Addition

TITLE D
NAME CHARLES C. THOMSON JR
STREET ADDRESS 400 RENAISSANCE CENTER
CITY-ST-ZIP DETROIT, MI 48265 ☒ Change ☐ Addition

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

TITLE D
NAME WILLIAM A. FARMER
STREET ADDRESS 100 RENAISSANCE CENTER
CITY-ST-ZIP DETROIT MI 48265 ☒ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)