## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # F00000003601 1. Entity Name 05-06-2002 90284 003 \*\*\*150.00 SATURN RETAIL OF CALIFORNIA, INC. Principal Place of Business Mailing Address SOUTH PARK TOWERS SOUTH PARK TOWERS 600 FAIRVIEW ROAD SUITE 310 600 FAIRVIEW ROAD SUITE 310 CHARLOTTE NC 28210 CHARLOTTE NC 28210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1742209 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.- Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TIT1E **X** Addition TITLE ■ Delete WILLIAM O. MUSGRAYE NAME NAME TROUT, RICHARD H 6000 FAIRVIEW RD, STE 310 STREET ADDRESS STREET ADDRESS 100 SATURN PARKWAY CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE, NC 28210 SPRING HILL TN 37174 Change TITLE ☐ Delete TITLE VASD MINARICK, JOHN F. NAME NAME MINNICK, JOHN F 400 RENAISS ANCE CENTER STREET ADDRESS STREET ADDRESS 100 SATURN PARKWAY DETROIT ME 48265 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL TN 37174 ☐ Change Addition Delete TITLE TITLE NAME WILLIAM DI MURRAY NAME MOHNKE, DANIEL R STREET ADDRESS STREET ADDRESS 6000 FAIRVIEW RD, SULTE 310 100 SATURN PARKWAY CITY-ST-ZIE CITY-ST-ZIP CHARLOTTE, NC 28210 SPRING HILL TN 37174 Change Addition Delete TITLE TITLE NAME MICHAEL H. JONES NAME THOMPSON, BRUCE J JR. GOOD FAIRVIEW RD, STE 310 STREET ADDRESS STREET ADDRESS 6000 FAIRVIEW ROAD, SUITE 310 CITY-ST-7IP CITY-ST-ZIP **CHARLOTTE NC 28210** CHARLOTTE NC 28210 ■ Delete ☐ Change **X**Addition TITLE TITLE NAME CHARLES D. WINTON NAME LAJDZIAK, JILL 6000 FAIRVIEW RD, STE 310 STREET ADDRESS STREET ADDRESS 1420 STEPHENSON HIGHWAY CITY-ST-ZIP CHARLOTTE NC 28210 CITY-ST-ZIP TROY MI 48007

13. 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FARMER, WILLIAM A

**DETROIT MI 48265** 

100 RENAISSANCE CENTER

☐ Delete

48265

CHARLES C. THOMPSON

400 RENAISS ANCE CENTER

WI

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(9/01) CR2E034