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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JAN 17 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # F02000002323

1. Entity Name
VOLKSWAGEN BANK USA

Principal Place of Business	Mailing Address
5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107	5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107

01112008 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 87-0674584 ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEIMA, HORST 5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO Rands, David 5295 South 300 West Suite 500 Salt Lake City, UT 84107	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO HOWARD, MARK 5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William Schilling 5295 South 300 West Suite 500 Salt Lake City, UT 84107	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCCO JOHNSON, LOURDES 5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Vermeulen 5295 South 300 West Suite 500 Salt Lake City, UT 84107	Delete ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOLZ, JOSEPH S 5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARNER, MARY ANN 5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACHEN, JAMES B 5295 SOUTH 300 WEST, SUITE 500 SALT LAKE CITY, UT 84107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Lourdes Johnson 01/12/06 (801) 743-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #