

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90119 038 \*\*\*150.00

**DOCUMENT # F93000004029**

1. Entity Name  
**MANHEIM AUTOMOTIVE FINANCIAL SERVICES, INC.**

Principal Place of Business <b>COX ENTERPRISES INC/CORPORATE TAX DEPT</b> <b>1400 LAKE HEARN DR</b> <b>ATLANTA GA 30319</b>	Mailing Address <b>COX ENTERPRISES INC/CORPORATE TAX DEPT</b> <b>1400 LAKE HEARN DR</b> <b>ATLANTA GA 30319</b>
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**58-2082024**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATON SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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 requirements and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>CECCOLI, DARRYL M</b> <b>1400 LAKE HEARN DRIVE, NE</b> <b>ATLANTA GA</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GARTIN, ROBERT E</b> <b>1400 LAKE HEARN DRIVE, NE</b> <b>ATLANTA GA 30319</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>RICHARD J. JACOBSON</b> <b>1400 LAKE HEARN DR.</b> <b>ATLANTA, GA 30319</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LYON, LEON L</b> <b>1400 LAKE HEARN DRIVE, NE</b> <b>ATLANTA GA</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MERDEK, ANDREW A</b> <b>1400 LAKE HEARN DRIVE, NE</b> <b>ATLANTA GA 30319</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASAT</b> <b>LANGHORNE, MICHAEL J</b> <b>1400 LAKE HEARN DRIVE, NE</b> <b>ATLANTA GA</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>EISNER, DEAN H</b> <b>1400 LAKE HEARN DR</b> <b>ATLANTA GA 30319</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**ANDREW A. MERDEK**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02 404-843-5000**  
 Date Daytime Phone #

CR2E034 (9/01)