

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002682 (1)

1. Corporation Name

AMERICAN AUTO FUNDING CORPORATION

Principal Place of Business

**1550 NORTHWEST HIGHWAY, STE 335
PARK RIDGE IL 60068**

Mailing Address

**1550 NORTHWEST HIGHWAY, STE 335
PARK RIDGE IL 60068**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Same		26 Same		06/02/1995		N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		36-3967398		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
29 Zip		30 Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	300001741403
82 Street Address (P.O. Box No. for P.O. Box)	0913/96-01054-0003
83	***208.75
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature type to print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAWL, ROBERT T			1.2 NAME	Andrew C. Hill		
STREET ADDRESS	1550 N.W. HIGHWAY STE 335			1.3 STREET ADDRESS	1550 Northwest Highway, Suite 335		
CITY-ST-ZIP	PARK RIDGE IL			1.4 CITY-ST-ZIP	Park Ridge, IL 60068		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CROW, DAVID O			2.2 NAME	J.R. Leverett		
STREET ADDRESS	1550 N.W. HIGHWAY STE 335			2.3 STREET ADDRESS	1550 Northwest Highway, Suite 335		
CITY-ST-ZIP	PARK RIDGE IL			2.4 CITY-ST-ZIP	Park Ridge, IL 60068		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODER II, WALTER H			3.2 NAME	Roder II, Walter H.		
STREET ADDRESS	1550 N.W. HIGHWAY STE 335			3.3 STREET ADDRESS	1550 Northwest Highway, Suite 335		
CITY-ST-ZIP	PARK RIDGE IL			3.4 CITY-ST-ZIP	Park Ridge, IL 60068		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JORDAN JR, G C			4.2 NAME	Charles M. Murphy		
STREET ADDRESS	3075 SANDERS ROAD, STE G5D			4.3 STREET ADDRESS	1550 Northwest Highway, Suite 335		
CITY-ST-ZIP	NORTHBROOK IL			4.4 CITY-ST-ZIP	Park Ridge, IL 60068		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRONFELD, DAVID			5.2 NAME	Daniel F. Fox		
STREET ADDRESS	205 N. MICHIGAN AVE., STE 3911			5.3 STREET ADDRESS	1550 Northwest Highway, Suite 335		
CITY-ST-ZIP	CHICAGO IL			5.4 CITY-ST-ZIP	Park Ridge, IL 60068		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	Assistant S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADAMS, HOWARD D			6.2 NAME	George H. Spencer, III		
STREET ADDRESS	727 BANK LANE, STE 303			6.3 STREET ADDRESS	1550 Northwest Highway, Suite 335		
CITY-ST-ZIP	LAKE FOREST IL			6.4 CITY-ST-ZIP	Park Ridge, IL 60068		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Charles M. Murphy (Charles M. Murphy) 2/23/96 180-725-005

(Signature and typed or printed name of signing officer or director)

Daytime Phone #

CR2E034 (12/95)

PS 3/13/96