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Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000000656 (6)

1. Corporation Name

PHH AUTO FINANCE CORPORATION

Principal Place of Business

6000 ATRIUM WAY  
MT. LAUREL NJ 08054

Mailing Address

6000 ATRIUM WAY  
MT. LAUREL NJ 08054-3922

3. Date Incorporated or Qualified

02/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 Mt. Laurel, NJ 08054

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

52-1639955

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 typed or printed name of registered agent and title. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME NAGEL, H. ROBERT  
STREET ADDRESS 6000 ATRIUM WAY  
CITY - ST - ZIP 15000 Commerce Pkwy.  
MT. LAUREL NJ 08054

TITLE VCFO  
NAME MEIERHENRY, ROY A  
STREET ADDRESS 8 CHRIS ELIOT COURT  
CITY - ST - ZIP HUNT VALLEY MD 21030

TITLE V  
NAME WRIGHT, SAMUEL H  
STREET ADDRESS 2409 BRA-MARR AVE.  
CITY - ST - ZIP BALTIMORE MD 22128

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V  
1.2 NAME Anthony F. Muoio  
1.3 STREET ADDRESS 15000 Commerce Pkwy.  
1.4 CITY - ST - ZIP Mt. Laurel, NJ 08054

2.1 TITLE V  
2.2 NAME Daniel J. Happer  
2.3 STREET ADDRESS 11333 McCormick Rd.  
2.4 CITY - ST - ZIP Hunt Valley, MD 21031

3.1 TITLE D  
3.2 NAME Terry E. Kridler  
3.3 STREET ADDRESS 11333 McCormick Rd.  
3.4 CITY - ST - ZIP Hunt Valley, MD 21031

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1996

609-439-4901

Date

Daytime Phone #

CR2E034 (9/96)