

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002037

Entity Name

General Motors Acceptance Corporation

Principal Place of Business

3044 W. Grand Blvd.
MC 482 1x3 311
Detroit, MI 48202

Mailing Address

3044 W. Grand Blvd.
MC 482 1x3 311
Detroit, MI 48202

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
38-0572512

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation
1200 South Pine Island Road
Plantation, FL 33324

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 requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DCPR	<input type="checkbox"/> Delete
NAME	Finnegan, John D.	
STREET ADDRESS	3044 W. Grand Blvd.	
CITY-ST-ZIP	Detroit, MI 48202	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Clout, Richard J. S.	
STREET ADDRESS	Castle Street	
CITY-ST-ZIP	High Wycombe, UK	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Bull, Paul D.	
STREET ADDRESS	3044 W. Grand Blvd.	
CITY-ST-ZIP	Detroit, MI 48202	
TITLE	DV	<input type="checkbox"/> Delete
NAME	Gibson, John E.	
STREET ADDRESS	3044 W. Grand Blvd.	
CITY-ST-ZIP	Detroit, MI 48202	
TITLE	S	<input type="checkbox"/> Delete
NAME	Quenneville, Cathy L.	
STREET ADDRESS	3044 W. Grand Blvd, Detroit, MI	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete
NAME	Hauseman, Susan G.	
STREET ADDRESS	3044 W. Grand Blvd., Detroit, MI	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003180836--7	
STREET ADDRESS	-03/22/00--01115--001	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. L. Quenneville, Secretary 3/15/00

Date

Daytime Phone #

CR2E034 (9/99)