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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # F9700003761 (0)

ATLANTIC AUTO FINANCE CORPORATION

UnitedAuto Finance Inc.

Principal Place of Business

Mailing Address

FILED Feb 24 1998 8:00am Secretary of State



800 PERINTON HILLS OFFICE PARK 800 PERINTON HILLS OFFICE PARK **FAIRPORT NY 14450-3617 FAIRPORT NY 14450-3617** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 16-1456003 21 26 PO Box 1502 Not Applicable Suite, Apt #. etc. Suite. Apt. #. etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing П 23 28 Fairport, Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 14450 No ☐ Yes 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 Zip Code City 85 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 hoft, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: type dior printed marks of the pilitered agent and talle a lipping babble (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change AA Addition 12. OFFICERS AND DIRECTORS 13. CEOC Secretary □ DELETE TITLE 1.1 TITLE BREW, JAMES B Tambra King NAME 1.2 NAME **800 PERINTON HILLS OFFICE PARK** 375 Park Avenue 1.3 STREET ADDRESS STREET ADDRESS **FAIRPORT NY 14450** New York, NY 10152 CITY-ST-ZIP 1.4 CITY - ST - ZIP Senior Vice President 🗆 Change DELETE 2.1 TITLE TITLE HARRISON, RICHARD J NAME 22 NAME Robert J. Howard 800 PERINTON HILLS OFFICE PARK 375 Park Avenue, Suite 1908 STREET ADDRESS 2.3 STREET ADDRESS FAIRPORT NY 14450 New York, NY 10152 CITY-ST-ZIP 2. 4 CITY - ST - ZIP VTAS DELETE Senior Vice President Change TITLE 3.1 TITLE O'CONNOR, SUZANNE A NAME 3.2 NAME Linda K. Stewart 800 PERINTON HILLS OFFICE PARK STREET ADDRESS 3.3 STREET ADDRESS 375 Park Avenue, Suite 1908 **FAIRPORT NY 14450** CITY-ST-ZIP 3.4 CHY-ST-ZIP New York, NY 14450 TITLE XX DELETE 4.1 THILE Change Addition HARDY, HARRY C 4 2 NAME NAME **800 PERINTON HILLS OFFICE PARK** STREET ADDRESS 4.3 STREET ADDRESS FAIRPORT NY 14450 4.4 CITY - ST - ZIP CITY-ST-ZIP **V** DELETE Change ☐ Addition 5.1 TITLE TITLE LOWRANCE, GEORGE 5.2 NAME NAME 375 PARK AVENUE SUITE 2201 STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK NY 10152** 54 CITY - ST - ZIP CITY-ST-ZIP XX DELETE ☐ Addition 6 1 TITLE Change TITLE FARACE, ANDREA NAME 6.2 NAME 375 PARK AVENUE 6.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10152** 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 attachiment with an address.

CR2E034