

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90028 037 ***150.00

DOCUMENT # F97000003762

1. Corporation Name

ATLANTIC AUTO SECOND FUNDING CORPORATION

Principal Place of Business

C/O ATLANTIC AUTO FINANCE CORPORATION
800 PERINTON HILLS OFFICE PARK
FAIRPORT NY 14450-3617

Mailing Address

P O BOX 1502
800 PERINTON HILLS OFFICE PARK
FAIRPORT NY 14450-3617
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

16-1502671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 C/o United Auto Finance Inc

2a. Mailing Address

26 Suite, Apt. #, etc.

22 800 Perinton Hills Office Park

23 Fairport, NY

24 14450 25 USA

27 City & State

28 Zip

29 Country

30

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRISON, RICHARD J
STREET ADDRESS 800 PERINTON HILLS OFFICE PARK
CITY-ST-ZIP FAIRPORT NY 14450 ☒ DELETE

TITLE DV
NAME O'CONNOR, SUZANNE A
STREET ADDRESS 800 PERINTON HILLS OFFICE PARK
CITY-ST-ZIP FAIRPORT NY 14450 ☐ DELETE

TITLE AS
NAME BRETT, GREGORY F
STREET ADDRESS 800 PERINTON HILLS OFFICE PARK
CITY-ST-ZIP FAIRPORT NY 14450 ☒ DELETE

TITLE DV
NAME PEARSE, WARREN E III
STREET ADDRESS 66 STONE ISLAND LANE
CITY-ST-ZIP PENFIELD NY 14526 ☒ DELETE

TITLE VP
NAME STEWART, LINDA K
STREET ADDRESS 375 PARK AVE STE 1908
CITY-ST-ZIP NEW YORK NY 10152 ☐ DELETE

TITLE ST
NAME HURLBURT, MARY F
STREET ADDRESS 800 PERINTON HILLS OFFICE PARK
CITY-ST-ZIP FAIRPORT NY 14450 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 716-421-3501

Date

Daytime Phone #

CR2E034 (1/1/98)