


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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F97000003763 (6)**

1. Corporation Name

ATLANTIC AUTO FUNDING CORPORATION

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

16-1480801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

PO Box 1502

27

Suite, Apt. #, etc.

28

Fairport, NY 14450

29

Zip

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, if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HARRISON, RICHARD J**
STREET ADDRESS **800 PERINTON HILLS OFFICE PARK**
CITY-ST-ZIP **FAIRPORT NY 14450**

TITLE **DV** ☐ DELETE

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

TITLE **TS** ☒ DELETE

NAME **ANDERSON, ROBERT M**
STREET ADDRESS **800 PERINTON HILLS OFFICE PARK**
CITY-ST-ZIP **FAIRPORT NY 14450**

TITLE **DV** ☐ DELETE

NAME **PATRIC, LOWELL C**
STREET ADDRESS **20 PARK FOREST DRIVE**
CITY-ST-ZIP **PITTSFORD NY 14534**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

CR2E034 (10/97)