1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90240 011 ***150.00

DOCUMENT # F9700006577

1. Corporation Name

DAIMLERCHRYSLER MOTORS CORPORATION

| Principal Place of Business Mailing Address | | | | | T 1881/88 1158 18515 18815 88151 88111 88111 88111 88119 81192 81115 1881 1881 1885 | | |
|---|---|-----------------------------------|--|--------------------------------|---|-----------------|------------|
| 1000 CHRYSLER DRIVE | | 1000 CHRYSLER DRIVE | | | | | |
| AUBURN HILLS MI 48326 | | AUBURN HILLS MI 48326 | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 12/12/1997 | | 1 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Api | plied For | |
| 21 | | 26 | | 38-338 12 <u>56</u> | No | t Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A | |
| 22 | | 27 | The state of the s | | G. October of Country Downs | Fee Re | quired |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | | |
| 23 | | 28 | | Trust Fund Contribution | Added to | o Fees | |
| Zip | Country Zip | | Country | | 8. This corporation owes the current year l | _ | □No |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | 10 | | Personal Property Tax. 10. Name and Address of New Registere | | LINO |
| | 5. Name and Address of Current | Kediste.en Adeur | 81 | Name | TO. Harne and Address of New Registers | 1 Agent | |
| CTO | CORPORATION SYSTEM | | | | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | 82 Street Addres | | dress (P.O. Box Number is Not Acceptable) | | |
| PLANTATION FL 33324 | | | 83 | | | | |
| | | | | | | | |
| | | | 84 | City | F | 85 Zip C | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, | | | | e-named cor | rporation submits this statement for the purpose of | of changing its | registered |
| office or re | egistered agent, or both, in the State of m familiar with, and accept the obligation | f Florida. Such change was aut | horized by | the corporat | tion's board of directors. I hereby accept the app | ointment as reg | gistered |
| _ | in lamiliar with, and accept the obligation | ons of section our coos, I lond | ia Statutes | • | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: R | legistered Apen | t signature requi | ired when reinstating) DATE | | |
| 12. OFFICERS AND DIRECTOR | | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| TITLE | DELETE 1.1 | | 1.1 TITLE | | | Change | ☐ Addition |
| NAME | IOLDEN, JAMES P 1.21 | | 1.2 NAME | | | | |
| STREET ADDRESS | 1000 CHRYSLER DRIVE | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST | r-ZIP | | | |
| TITLE | V □ DELETE 2 | | 2.1 TITLE | | | Change | ☐ Addition |
| NAME | LIEBLER, A C | | 2.2 NAME | | | | |
| STREET ADDRESS | 1000 CHRYSLER DRIVE | | 2.3 STREET | ADORESS | | | |
| CITY-ST-ZIP | AUBURN HILLS MI 48326 | | 2.4 CITY-S | T- ZIP | | | |
| TITLE | V □ DELETE | | 3.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | 0.0.0.0.0.0.0.0.0.0 | | 3.2 NAME | | | | |
| STREET ADDRESS | 1000 CHRYSLER DRIVE | , | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | AUBURN HILLS MI 48326 | | 3.4. CITY-S | T-ZIP | | | |
| TITLE | V | DELETE | 4.1 TITLE | 1 | | ☐ Change | Addition |
| NAME | MCDONALD, M J | | 4. 2 NAME | | | | |
| STREET ADDRESS | PRESS 1000 CHRYSLER DRIVE 4.3 | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | AUBURN HILLS MI 48326 44 | | 4.4 CITY-ST | r-ZIP | | | |
| TITLE | VT | VT DELETE 5.1 TI | | | | ☐ Change | Addition |
| NAME . | CAPO, THOMAS P | | 5.2 NAME | | | | |
| STREET ADDRESS | 1000 CHRYSLER DRIVE | | 5.3 STREET | ADDRESS | | | |

AUBURN HILLS MI 48326 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 antaffacture with an adgress, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

AUBURN HILLS MI 48326

O'BRIEN, WILLIAM J

1000 CHRYSLER DRIVE

VGCD

□ DELETE

☐ Change

☐ Addition