

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90949 046 ***150.00

DOCUMENT # F98 000003 932
1. Entity Name
FORD MOTOR VEHICLE ASSURANCE

DO NOT WRITE IN THIS SPACE

80057705

2. Principal Place of Business <u>ONE AMERICAN Rd</u> Suite, Apt. #, etc. <u>Rm 612</u>		3. Mailing Address <u>P.O. Box 1758</u> Suite, Apt. #, etc. <u>MAIL DROP C56</u>	
City & State <u>DEARBORN MI</u>		City & State <u>DEARBORN</u>	
Zip <u>48126</u>	Country <u>USA</u>	Zip <u>MI 48126</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>38-3419908</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 S. PINE ISLAND Rd</u> City <u>PLANTATION</u> FL <u>33324</u>		

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CEO</u> <u>WILLIAM CONNELLY</u> <u>ONE AMERICAN Rd</u> <u>DEARBORN MI 48126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES</u> <u>ANT FITZGERALD</u> <u>ONE AMERICAN Rd</u> <u>DEARBORN MI 48126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CONTROLLER</u> <u>CRAIG GREEN</u> <u>ONE AMERICAN Rd</u> <u>DEARBORN MI 48126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <u>PETER SHERRY JR</u> <u>ONE AMERICAN Rd</u> <u>DEARBORN MI 48126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER</u> <u>ANN MARIE PETACH</u> <u>ONE AMERICAN Rd</u> <u>DEARBORN MI 48126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>JAMES MORITZ</u> <u>ONE AMERICAN Rd</u> <u>DEARBORN MI 48126</u>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: PP Craig Sherry 3-19-2002 313-3225572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Directors, Officers Report

Ford Motor Vehicle Assurance Company

Attachment
ID# F9800000932
B0057705
October 01, 1998

DIRECTORS

William C. Connelly
Art Fitzgerald
Craig Green
James M. Moritz
Thomas Rackley

Director
Director
Director
Director
Director

OFFICERS

William C. Connelly
Art Fitzgerald
Craig Green
Thomas Rackley
Peter Sherry, Jr.
Ann Marie Petach
~~Paula L. Sigworth~~ CRAIG L. Sigworth
Jan A. Bertsch

Chairman & Chief Executive Officer
President
Vice President & Controller
Vice President & Chief Tax Officer
Secretary
Treasurer
~~Assistant Secretary~~ ASS'T Secretary
Assistant Treasurer