

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91415 036 \*\*\*150.00

**DOCUMENT # F98000003932**

1. Entity Name

FORD MOTOR VEHICLE ASSURANCE COMPANY



Principal Place of Business

ONE AMERICAN ROAD  
RM 612  
DEARBORN MI 48121

Mailing Address

PO BOX 1758  
MAILDROP CA56  
DEARBORN MI 48121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

48126

4. FEI Number 38-3419908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☒ Delete  
NAME CONNELLY, WILLIAM C  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121

TITLE C/D ☐ Change ☒ Addition  
NAME Dominic A. DiMarco  
STREET ADDRESS One American Road  
CITY-ST-ZIP Dearborn MI 48126

TITLE PD ☒ Delete  
NAME FITZGERALD, ART  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121

TITLE PD ☐ Change ☒ Addition  
NAME Bob Knecht  
STREET ADDRESS One American Road  
CITY-ST-ZIP Dearborn MI 48126

TITLE T ☐ Delete  
NAME PETACH, ANN M  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121

TITLE ☒ Change ☐ Addition  
NAME One American Road  
CITY-ST-ZIP Dearborn MI 48126

TITLE S ☐ Delete  
NAME SHERRY, PETER JR  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121

TITLE ☒ Change ☐ Addition  
NAME One American Road  
CITY-ST-ZIP Dearborn MI 48126

TITLE V ☒ Delete  
NAME RACKLEY, THOMAS  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121

TITLE V ☐ Change ☒ Addition  
NAME George Linker  
STREET ADDRESS One American Road  
CITY-ST-ZIP Dearborn MI 48126

TITLE ☐ Delete  
NAME GREEN, CRAIG  
STREET ADDRESS THE AMERICAN ROAD  
CITY-ST-ZIP DEARBORN MI 48121

TITLE V ☒ Change ☐ Addition  
NAME One American Road  
CITY-ST-ZIP Dearborn MI 48126

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Craig L. Sigworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig L. Sigworth

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)