2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004411

BERSON, JORY

MCLEAN, VA 22102

1680 CAPITAL ONE DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Entity Nai	me: CAPITAL	ONE AUTO FINANCE, INC.						
Current P	Ne	New Principal Place of Business:						
1680 CAPI MCLEAN,		7933 PRESTON ROAD PLANO, TX 75024						
Current M	Ne	New Mailing Address:						
ATTN: AN	ITAL ONE DRIN NA DIXON VA 22102	/E		33 PRES ANO, TX	TON ROAL 75024)		
FEI Number:	: 75-2163778	FEI Number Applied For ()	FEI Number	Not Appli	cable ()	Certifica	ate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Na	me and	Address o	f New Reg	jistered Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230							
	named entity s e of Florida.	submits this statement for the	purpose of ch	anging its	s registered	d office or r	registered agent, or both,	
SIGNATUR	RE:							
	Electron	ic Signature of Registered Ag	gent				Date	
Election Car	mpaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ΑC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	COB () FAIRBANK, RIC 1680 CAPITAL (MCLEAN, VA 2	ONE DRIVE				() Change	() Addition	
Title: Name: Address: City-St-Zip:	VP () RUH, COLIN 1680 CAPITAL (MCLEAN, VA 2				VP RUH, COLIN 3901 NORTH PLANO, TX	H DALLAS PA		
Title: Name: Address: City-St-Zip:	AS () FERGUSON, NA 1680 CAPITAL (MCLEAN, VA 2	ONE DRIVE			AS FERGUSON 7933 PREST PLANO, TX	ON ROAD	() Addition	
Title: Name: Address: City-St-Zip:	S () TRAUB, JEAN K 1680 CAPITAL (MCLEAN, VA 2:	ONE DRIVE				() Change	() Addition	
Title:	D ()	Delete	Title	e:	D	(X) Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BERSON, JORY

15000 CAPITAL ONE DRIVE

RICHMOND, VA 23238

SIGNATURE: AMY COOK AS 04/27/2009