

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90146 010 ***150.00

DOCUMENT # F99000001537

1. Entity Name
CITIZENS AUTO FINANCE, INC.



Principal Place of Business
**ONE CITIZENS PLAZA
PROVIDENCE RI 02903**

Mailing Address
**ONE CITIZENS PLAZA
ATTN: S. DUDNEY, LEGAL DEPT.
PROVIDENCE RI 02903**



2. Principal Place of Business

3. Mailing Address
ONE CITIZENS PLAZA RC0210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: MARYELLEN WILLIAMS

CHECK HERE IF MAKING CHANGES

City & State

City & State
PROVIDENCE, RI

4. FEI Number **05-0500721**

Applied For

Not Applicable

Zip

Country

Zip

Country

02903

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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	D	<input type="checkbox"/> Delete
NAME	FORMICA, MARK J	
STREET ADDRESS	ONE CITIZENS PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DOWNES, CHRISTOPHER Y	
STREET ADDRESS	ONE CITIZENS PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRONDIN, GARY	
STREET ADDRESS	ONE CITIZENS PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARYELLEN	
STREET ADDRESS	ONE CITIZENS PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	CARTER, FREDERICK	
STREET ADDRESS	ONE CITIZENS PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DUDNEY, SANDRA	
STREET ADDRESS	ONE CITIZENS PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Maryellen Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maryellen Williams

3/3/03

Date

401-456-7837

Daytime Phone #

CR2E034 (10/02)