

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90188 002 ***150.00

DOCUMENT # F99000002551

1. Entity Name

AUTO REFI FINANCIAL SERVICES, INC.

Principal Place of Business

**ONE INTERNATIONAL PLAZA, 3RD FLOOR
 PHILADELPHIA PA 19113**

Mailing Address

**ONE INTERNATIONAL PLAZA, 3RD FLOOR
 PHILADELPHIA PA 19113**

2. Principal Place of Business

202 Hagley Bld. Suite 100

3. Mailing Address

202 Hagley Bld. Suite 100

Suite, Apt. #, etc.

3411 Silverside Rd.

Suite, Apt. #, etc.

3411 Silverside Rd.

City & State

Wilmington, DE

City & State

Wilmington, DE

Zip

19810

Country

USA

Zip

19810

Country

USA

4. FEI Number

25-1811137

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RITTER, MICHAEL C 1 INTERNATIONAL PLAZA PHILADELPHIA PA 19113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKURKOVICH, GREGORY G 1 INTERNATIONAL PLAZA PHILADELPHIA PA 19113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GURNEE, ROBERT P 1 INTERNATIONAL PLAZA PHILADELPHIA PA 19113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'CONNELL, KEVIN T 1 INTERNATIONAL PLAZA PHILADELPHIA PA 19113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOY KELLEY, DIANA 1 INTERNATIONAL PLAZA PHILADELPHIA PA 19113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERS, BRIAN E 1 INTERNATIONAL PLAZA PHILADELPHIA PA 19113 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO/D Ritter, Michael C. 3411 Silverside Rd. Wilmington, DE 19810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V/D Ks Siciński, Kenneth J. 3411 Silverside Rd. Wilmington, DE 19810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary + VP/D Spencer N. Lempert 3411 Silverside Rd. Wilmington, DE 19810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)