2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # F99000006470 **Secretary of State** 1. Entity Name 02-13-2002 90015 022 ***150 00 AUTO BANC OF SOUTH FLORIDA CORPORATION Principal Place of Business Mailing Address 50 S.W. BOCA RATON BLVD. TWO PARKWOOD CROSSING **BOCA RATON FL 33432** 310 E. 96TH STREET, STE, 300 INDIANAPOLIS IN 46240 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 22-3326343 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11.5 CR2E034 (9/01) ☐ Addition □ Delete TITLE TITLE PD NAME NAME HALLETT, JAMES P STREET ADDRESS STREET ADDRESS 310 E. 96TH STREET, STE. 400 CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46240 Addition ☐ Change □ Delete TITLE TITLE NAME STACKHOUSE, WILLIAM T STREET ADDRESS STREET ADDRESS 310 E. 96TH STREET, STE. 400 CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46240 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME TURNER, KAREN C STREET ADDRESS STREET ADDRESS 310 E. 96TH STREET, STE. 400 CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46240 ☐ Change Addition Delete TITLE NAME NAME **BOYD, TERRY** STREET ADDRESS STREET ADDRESS 50 S.W. BOCA RATON BLVD. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

PR DIRECTOR DO AS 1. DO

CITY-ST-ZIP

FILED