

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90087 021 ****50.00

DOCUMENT # M01000002163

1. Entity Name
DAIMLERCHRYSLER VANS LLC

Principal Place of Business
**8936 NORTHPOINTE EXECUTIVE DRIVE
HUNTERSVILLE NC 28078**

Mailing Address
**8936 NORTHPOINTE EXECUTIVE DRIVE
HUNTERSVILLE NC 28078**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1781705**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BARTKE, ROLF
SCHOLSSLESWEG 29
73732 ESSLINGEN GERMANY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEFILIPPIS, BENITO
LERCHENBERG 28/2
73733 ESSLINGEN GERMANY** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Treffin, Peter** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REUSS, RIM
WOLFSTRASSE 35
73278 SCHLIERBACH GERMANY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Reuss, Tim
8936 North Pointe Executive Drive
Charlotte NC 28078** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHALOW, ROLF
HASENACKERSTRASSE 4
71397 LEUTENBACH GERMANY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SORIA, JOAQUIN
8936 NORTHPOINTE EXECUTIVE DRIVE
HUNTERSVILLE NC 28078** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TRITT, CLAUD
10309 ISLAY COURT
HUNTERSVILLE NC 28078** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8936 North Pointe Executive Drive ☒ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**
JOAQUIN SORIA

Feb 11, 02

(704) 655-1000

CR2E083 (9/01)