FILE NOW: FILING FEE AFTER [redacted] IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02509** **(8)**

1. Corporation Name

CHASE MANHATTAN AUTOMOTIVE FINANCE CORPORATION

Principal Place of Business
900 STEWART AVE.
1ST FL.
GARDEN CITY NY 11530

Mailing Address
900 STEWART AVE.
1ST FL.
GARDEN CITY NY 11530

3. Date Incorporated or Qualified: 06/25/1984
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 11-2690123 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the capacity in which signed) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	SCHARFENBERGER, JOSEPH		1.2 NAME	JAMES B. BREW	
STREET ADDRESS	900 STEWART AVENUE		1.3 STREET ADDRESS	900 STEWART AVENUE	
CITY-ST-ZIP	GARDEN CITY NY		1.4 CITY-ST-ZIP	GARDEN CITY N.Y. 11530	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIVEL, R. WESLEY		2.2 NAME		
STREET ADDRESS	900 STEWART AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY NY		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LANGAN, ANTHONY		3.2 NAME		
STREET ADDRESS	900 STEWART AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY NY		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KNUTSON, DAVID H.		4.2 NAME		
STREET ADDRESS	1 CHASE MANHATTAN PLAZA		4.3 STREET ADDRESS	700001798197	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	-04/29/96--01033--024	
TITLE	D	☐ DELETE	5.1 TITLE	***200.00	☐ Change ☐ Addition
NAME	SCHIRALLI, WILLIAM J.		5.2 NAME		
STREET ADDRESS	900 STEWART AENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY NY		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VINCENT B. FIESELER, JR.		6.2 NAME		
STREET ADDRESS	900 STEWART AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY NY		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Schiralli — William J. Schiralli — 4/25/96 — (516) 745-4520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #