

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90203 034 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1984

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 900 STEWART AVE.

Suite, Apt. #, etc.

22 6th FL

City & State

23 GARDEN CITY NY

Zip

24 11530

Country

25 NASSAU

2a. Mailing Address

26 900 STEWART AVE.

Suite, Apt. #, etc.

27 6th FL

City & State

28 GARDEN CITY NY

Zip

29 11530

Country

30 NASSAU

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | BREW, JAMES B.           |  |
| STREET ADDRESS | 900 STEWART AVENUE       |  |
| CITY-ST-ZIP    | GARDEN CITY NY 11530     |  |
| TITLE          | TD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | RAYMOND W. KELLY         |  |
| STREET ADDRESS | 900 STEWART AVENUE       |  |
| CITY-ST-ZIP    | GARDEN CITY NY           |  |
| TITLE          | V                        | <input type="checkbox"/> DELETE            |
| NAME           | LANGAN, ANTHONY          |  |
| STREET ADDRESS | 900 STEWART AVENUE       |  |
| CITY-ST-ZIP    | GARDEN CITY NY           |  |
| TITLE          | S                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | KNUTSON, DAVID H.        |  |
| STREET ADDRESS | 1 CHASE MANHATTAN PLAZA  |  |
| CITY-ST-ZIP    | NEW YORK NY              |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCHIRALLI, WILLIAM J.    |  |
| STREET ADDRESS | 900 STEWART AVENUE       |  |
| CITY-ST-ZIP    | GARDEN CITY NY           |  |
| TITLE          | V                        | <input type="checkbox"/> DELETE            |
| NAME           | VINCENT B. FIESELER, JR. |  |
| STREET ADDRESS | 900 STEWART AVENUE       |  |
| CITY-ST-ZIP    | GARDEN CITY NY           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | NORMAN BUCHAN         |  |
| 1.3 STREET ADDRESS | 900 STEWART AVENUE    |  |
| 1.4 CITY-ST-ZIP    | GARDEN CITY, NY 11530 |  |
| 2.1 TITLE          | TD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | JERRY DE ROSA         |  |
| 2.3 STREET ADDRESS | 900 STEWART AVENUE    |  |
| 2.4 CITY-ST-ZIP    | GARDEN CITY, NY 11530 |  |
| 3.1 TITLE          |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                       |  |
| 3.3 STREET ADDRESS |                       |  |
| 3.4 CITY-ST-ZIP    |                       |  |
| 4.1 TITLE          | S                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | JEFFREY LEVINE        |  |
| 4.3 STREET ADDRESS | 900 STEWART AVE.      |  |
| 4.4 CITY-ST-ZIP    | GARDEN CITY, NY 11530 |  |
| 5.1 TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | ANTHONY LANGAN        |  |
| 5.3 STREET ADDRESS | 900 STEWART AVE.      |  |
| 5.4 CITY-ST-ZIP    | GARDEN CITY, NY 11530 |  |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                       |  |
| 6.3 STREET ADDRESS |                       |  |
| 6.4 CITY-ST-ZIP    |                       |  |

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY DE ROSA

Date

4/27/99

Daytime Phone #

0006791