

**FOR PROFIT-CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90107 043 ***150.00

DOCUMENT # **P02509**

1. Entity Name

CHASE MANHATTAN AUTOMOTIVE FINANCE CO.

DO NOT WRITE IN THIS SPACE

87353

2. Principal Place of Business

900 STEWART AVE.

Suite, Apt. #, etc.

6th FL

City & State

GARDEN CITY, NY

Zip

11530

Country

US

3. Mailing Address

900 STEWART AVE.

Suite, Apt. #, etc.

6th FL

City & State

GARDEN CITY, NY

Zip

11530

Country

US

4. FEI Number

11-2690123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **CT CORPORATION SYSTEM**
Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island RD

City **Plantation**

FL

Zip Code **33324**

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE **PD**
NAME **NORMAN BUCHAN**
STREET ADDRESS **900 STEWART AVE.**
CITY-ST-ZIP **GARDEN CITY, NY 11530**

TITLE **TD**
NAME **JERRY DEROTAS**
STREET ADDRESS **900 STEWART AVE.**
CITY-ST-ZIP **GARDEN CITY, NY 11530**

TITLE **V**
NAME **ANTHONY LANGAN**
STREET ADDRESS **900 STEWART AVE.**
CITY-ST-ZIP **GARDEN CITY, NY 11530**

TITLE **S**
NAME **JEFFREY LEVINE**
STREET ADDRESS **900 STEWART AVE.**
CITY-ST-ZIP **GARDEN CITY, NY 11530**

TITLE **D**
NAME **ANTHONY LANGAN**
STREET ADDRESS **900 STEWART AVE.**
CITY-ST-ZIP **GARDEN CITY, NY 11530**

TITLE **V**
NAME **VINCENT B. FIESELER, JR.**
STREET ADDRESS **900 STEWART AVE.**
CITY-ST-ZIP **GARDEN CITY, NY 11530**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY DEROTAS

4/22/02

516-745-3638

Day

Daytime Phone #

CR2E034B (12/01)