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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90018 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05233**

1. Corporation Name  
**CUSTOMIZED AUTO CREDIT SERVICES, INC.**

Principal Place of Business

600 HART ROAD  
BARRINGTON IL 60010  
US

Mailing Address

DEPT 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-9621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1985

4. FEI Number

36-3331142

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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 VPT ☐ DELETE  
NAME HYDE, JEFFREY L  
STREET ADDRESS 260 LONG RIDGE RD.  
CITY-ST-ZIP STAMFORD CT

TITLE V ☐ DELETE  
NAME VREELAND, MARTIN J  
STREET ADDRESS 3669 WHISPERING TRAILS  
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE VD ☐ DELETE  
NAME SQUAROK, JOHN D  
STREET ADDRESS 796 PENNSYLVANIA DR., #4  
CITY-ST-ZIP PALATINE IL 60004

TITLE T ☐ DELETE  
NAME WERNER, JEFFREY S  
STREET ADDRESS 98 SOUTHFIELD AVE., #606  
CITY-ST-ZIP STAMFORD CT 06920

TITLE S ☐ DELETE  
NAME HORTON, JEANNE M  
STREET ADDRESS 8 DANADA DRIVE  
CITY-ST-ZIP WHEATON IL 60187

TITLE AS ☐ DELETE  
NAME DAVIS, LAURA L  
STREET ADDRESS 728 REGENT DRIVE  
CITY-ST-ZIP CRYSTAL LAKE IL 60014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Asst Treas - TAX ☐ Change ☒ Addition  
1.2 NAME John Amato  
1.3 STREET ADDRESS 260 Long Ridge Rd  
1.4 CITY-ST-ZIP Stamford CT 06927

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*John Amato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

Daytime Phone #

203-357-4544

CR2E034 (11/98)