

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90329 041 ***150.00

DOCUMENT # P05233

1. Entity 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**

2. Principal Place of Business

Three Capital Drive
 Suite, Apt. #, etc.

3. Mailing Address

P O Box 44817
 Suite, Apt. #, etc.

City & State

Eden Prairie, MN

City & State

Eden Prairie, MN

Zip

55344

Country

USA

Zip

55344

Country

USA

4. FEI Number

36-3331142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	VPT	<input checked="" type="checkbox"/> Delete
NAME	RIAMMETTA, DONNA	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VREELAND, MARTIN J	
STREET ADDRESS	3669 WHISPERING TRAILS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SQUAROK, JOHN D	
STREET ADDRESS	796 PENNSYLVANIA DR., #4	
CITY-ST-ZIP	PALATINE IL 60004	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WERNER, JEFFREY S	
STREET ADDRESS	98 SOUTHFIELD AVE., #606	
CITY-ST-ZIP	STAMFORD CT 06920	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HORTON, JEANNE M	
STREET ADDRESS	8 DANADA DRIVE	
CITY-ST-ZIP	WHEATON IL 60187	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LAURA L	
STREET ADDRESS	728 REGENT DRIVE	
CITY-ST-ZIP	CRYSTAL LAKE IL 60014	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard A Salk	
STREET ADDRESS	540 W Northwest Highway	
CITY-ST-ZIP	Barrington IL 60010	
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Masnato	
STREET ADDRESS	540 W Northwest Highway	
CITY-ST-ZIP	Barrington IL 60010	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley J Trotter	
STREET ADDRESS	540 W Northwest Highway	
CITY-ST-ZIP	Barrington IL 60010	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Cassidy	
STREET ADDRESS	201 High Ridge Road	
CITY-ST-ZIP	Stamford CT 06927	
TITLE	Asst Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Benke	
STREET ADDRESS	Three Capital Drive	
CITY-ST-ZIP	Eden Prairie, MN 55068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Benke **DON BENKE** **4-30-02** **952-828-2989**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)