


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P05233	
1. Entity Name CUSTOMIZED AUTO CREDIT SERVICES, INC.	

Principal Place of Business THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55344 US	Mailing Address PO BOX 44817 EDEN PRAIRIE, MN 55344
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02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3331142	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000230285 02/15/05-80037-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWER, JAMES THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURTON, JEANNE M 540 W NORTHWEST HWY BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASSIDY, KATHY 201 HIGH RIDGE ROAD STAMFORD, CT 06927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BENKE, DON THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRZOWSKI, MICHAEL 540 W NORTHWEST HWY BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Don Benke</i></u>	<u>2-3-05</u>	<u>952-221-2989</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>