

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 08:00 A**  
**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



02182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-3331142</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRZOZOWSKI, MICHAEL 54010 NW HWY BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, LAURE L 540 W NW HWY BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GILBERT, DAWN 540 W NW HWY BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BENKE, DON THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GAGNON, LINDA 540 W NW HWY BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000651919  
03/09/07-80026-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Don Benke* **DON BENKE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-07**

Date

**952-828-2989**

Daytime Phone #