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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90039 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P06983

1. Corporation Name

PRIMUS AUTOMOTIVE FINANCIAL SERVICES, INC.

Principal Place of Business

9009 CAROTHERS PARKWAY
FRANKLIN TN 37067

Mailing Address

P.O. BOX 680100
FRANKLIN TN 37068-0100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1985

4. FEI Number

16-0998154

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.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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	V	<input type="checkbox"/> DELETE
NAME	PAULEY, RICHARD	
STREET ADDRESS	9009 CAROTHERS PKWY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DELANEY, DENNIS T	
STREET ADDRESS	9009 CAROTHERS PARKWAY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, HURLEY D	
STREET ADDRESS	THE AMERICAN RD	
CITY-ST-ZIP	DEARBORN MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMP, DALE	
STREET ADDRESS	9009 CAROTHERS PARKWAY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RANIREZ, RENE	
STREET ADDRESS	9009 CAROTHERS PARKWAY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RAMIREZ, RENE	
STREET ADDRESS	ONE BURTON HILLS BLD 350	
CITY-ST-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P Hynes, Thomas N.
2.3 STREET ADDRESS	9009 Carothers Parkway
2.4 CITY-ST-ZIP	Franklin, TN 37067
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ramirez, Rene
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

615-315-7707

CR2E034 (11/98)