

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90034 001 ***150.00

00021531



DO NOT WRITE IN THIS SPACE

DOCUMENT # P06983

1. Entity Name

PRIMUS AUTOMOTIVE FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**9009 CAROTHERS PARKWAY
FRANKLIN TN 37067**

**P.O. BOX 680100
FRANKLIN TN 37068-0100**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-0998154**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **PAULEY, RICHARD**
STREET ADDRESS **9009 CAROTHERS PKWY**
CITY-ST-ZIP **FRANKLIN TN 37067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MENZYK, ANDREW L**
STREET ADDRESS **9009 CAROTHERS PARKWAY**
CITY-ST-ZIP **FRANKLIN TN 37067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **SMITH, HURLEY D**
STREET ADDRESS **THE AMERICAN RD**
CITY-ST-ZIP **DEARBORN MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **HUMPREY, HUBERT**
STREET ADDRESS **9009 CAROTHERS PARKWAY**
CITY-ST-ZIP **FRANKLIN TN 37067**

TITLE ☐ Change ☒ Addition
NAME **Assistant Secretary**
STREET ADDRESS **Robert A. Aitken**
CITY-ST-ZIP **9009 Carothers Pkwy Franklin TN 37067**

TITLE **V** ☒ Delete
NAME **RAMIREZ, RENE**
STREET ADDRESS **9009 CAROTHERS PARKWAY**
CITY-ST-ZIP **FRANKLIN TN 37067**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **David L. Korman**
CITY-ST-ZIP **the American Road Dearborn MI 48121**

TITLE **AS** ☒ Delete
NAME **RAMIREZ, RENE**
STREET ADDRESS **ONE BURTON HILLS BLD 350**
CITY-ST-ZIP **NASHVILLE TN**

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

Robert A. Aitken

1/30/2001

615-315-7456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert A. Aitken, Assistant Secretary

CR2E034 (10/00)