

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90137 036 ***150.00

DOCUMENT # P06983

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-0998154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

10000010



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. 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, 2003 Fee will be \$550.00*)
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	PAULEY, RICHARD	
STREET ADDRESS	9009 CAROTHERS PKWY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	P	<input type="checkbox"/> Delete
NAME	MENZYK, ANDREW L	
STREET ADDRESS	9009 CAROTHERS PARKWAY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	AS	<input type="checkbox"/> Delete
NAME	AITKEN, ROBERT A	
STREET ADDRESS	9009 CAROTHERS PARKWAY	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KORMAN, DAVID L	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	BOERIO, BIBIANA	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, SUSAN J	
STREET ADDRESS	THE AMERICAN ROAD	
CITY-ST-ZIP	DEARBORN MI 48121	

TITLE	Joseph McMahon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same Address	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert A. Aitken

2-17-03

615-315-7456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)