FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P10872** **(0)**

1. Corporation Name
CHRYSLER AUTO RECEIVABLES COMPANY

Principal Place of Business
1209 ORANGE ST.
WILMINGTON DE 19801

Mailing Address
~~1209 ORANGE ST.~~
~~WILMINGTON DE 19801~~

3. Date Incorporated or Qualified: 07/23/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1000 CHRYSLER DRIVE
Suite, Apt. #, etc.
27 TAX AFFAIRS, CIMS 485-12-30
City & State
28 AUBURN HILLS, MI
Zip 29 48326-2766 Country 30 OAKLAND

4. FEI Number: 38-2675819 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required above) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	~~LINK, R.A.~~	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	P	☐ DELETE
NAME	DAVIS, D.L.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	~~VT~~	☒ DELETE
NAME	~~ROBISON, D.A.~~	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	~~V~~	☒ DELETE
NAME	~~MADDEN, T.J.~~	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	~~CEO~~	☒ DELETE
NAME	~~SIBLIK, T.W.~~	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	~~V~~	☒ DELETE
NAME	~~NORWINE, J.O.~~	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	☐ Change ☒ Addition
1.2 NAME	T.L. HACKMAN	
1.3 STREET ADDRESS	SAME	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPC	☐ Change ☒ Addition
3.2 NAME	T.F. GILMAN	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	☐ Change ☒ Addition
4.2 NAME	A.L. RONQUILLO	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AC	☐ Change ☒ Addition
5.2 NAME	P.H. LATHAM	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP	☐ Change ☒ Addition
6.2 NAME	J.A. SELLGREN	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. H. Latham
Asst. Controller

4-23-96
Date

810-512-3074
Daytime Phone #