

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10872

1. Entity Name

CHRYSLER AUTO RECEIVABLES COMPANY

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90182 004 ***150.00

Principal Place of Business 1209 ORANGE ST. WILMINGTON DE 19801	Mailing Address 1000 CHRYSLER DR TAX AFFAIRS, CIMS 485-12-30 AUBURN HILLS MI 48326-2766 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	38-2675819	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T.L. HACKMAN 27777 FRANKLIN RD. SOUTHFIELD MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAGBISH, B.C. 27777 FRANKLIN RD. SOUTHFIELD, MI 48034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANSON, R L 27777 FRANKLIN RD. SOUTHFIELD MI <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, D.L. 27777 FRANKLIN RD. SOUTHFIELD, MI 48034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC T.F. GILMAN 27777 FRANKLIN RD. SOUTHFIELD MI <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC/DIT OLSEN, A.H. 27777 FRANKLIN RD. SOUTHFIELD, MI 48034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CA TARAVELLA 27777 FRANKLIN RD. SOUTHFIELD MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KICKHAM, M-A 27777 FRANKLIN RD. SOUTHFIELD, MI 48034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC P.H. LATHAM 27777 FRANKLIN RD. SOUTHFIELD MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP J.A. SELLGREN 27777 FRANKLIN RD. SOUTHFIELD MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: P. H. LATHAM Assistant Controller Date: 4/11/00 (248) 512-3088

CR2E034 (9/99)