

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90318 002 ***150.00

DOCUMENT # P10872

1. Entity Name
CHRYSLER AUTO RECEIVABLES COMPANY



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**



2. Principal Place of Business

27777 Inkster Rd

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Farmington Hills, MI

City & State

4. FEI Number **38-2675819**

Applied For

Not Applicable

Zip

48334

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$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

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

TITLE	S	<input type="checkbox"/> Delete
NAME	T.L. HACKMAN	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, J H	
STREET ADDRESS	27777 FRANKLIN ROAD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KICKHAM, M.A.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CA TARAVELLA	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	AC	<input type="checkbox"/> Delete
NAME	P.H. LATHAM	
STREET ADDRESS	1000 CHRYSLER DRIVE	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	D	<input type="checkbox"/> Delete
NAME	J.A. SELLGREN	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	27777 Inkster Rd	
CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	27777 Inkster Rd	
CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	27777 Inkster Rd	
CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	27777 Inkster Rd.	
CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	27777 Inkster Rd.	
CITY-ST-ZIP	Farmington Hills, MI 48334	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.A. Vanderbeek

Date

Daytime Phone #

4/28/03 248 512-0541

CR2E034 (10/02)