

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

DOCUMENT # P17396 (3)

1. Corporation Name

CHRYSLER BISCAYNE CORPORATION



Principal Place of Business

225 HIGH RIDGE RD
STAMFORD CT 06905

Mailing Address

225 HIGH RIDGE RD
STAMFORD CT 06905

3. Date Incorporated or Qualified
12/28/1987

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
06-1246543

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BISHOP, WILLIAM S.
STREET ADDRESS
225 HIGH RIDGE RD
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
AS
COZART, RICHARD M.
STREET ADDRESS
225 HIGH RIDGE RD
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
D
WISE, CARL L.
STREET ADDRESS
225 HIGH RIDGE RD
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
SVP
PETERSON, MICHAEL O.
STREET ADDRESS
225 HIGH RIDGE RD
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
T
ROBISON, DAVID A.
STREET ADDRESS
225 HIGH RIDGE RD
CITY-ST-ZIP
STAMFORD CT

TITLE ☐ DELETE

NAME
AT
SIMMONS, RUBEN
STREET ADDRESS
225 HIGH RIDGE RD
CITY-ST-ZIP
STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000001834260
-05/22/96--01033--023
***225.00

5-28-96
JL

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUBEN SIMMONS

Date: 5/17/96

Daytime Phone # 772-978-3700

CR2E034 (12/95)