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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17427

1. Corporation Name

DANA COMMERCIAL CREDIT CORPORATION

Principal Place of Business

1801 RICHARDS ROAD
TOLEDO OH 43607
US

Mailing Address

P. O. BOX 906
TOLEDO OH 43697
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1987

4. FEI Number

35-1538184

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME GAGNE, JOHN S.
STREET ADDRESS 201 W BIG BEAVER RD
CITY-ST-ZIP TROY MI

TITLE SVP ☐ DELETE

NAME BEHAM, JOSEPH
STREET ADDRESS 1801 RICHARDS ROAD
CITY-ST-ZIP TOLEDO OH

TITLE SVP ☐ DELETE

NAME TEIGLAND, JOHN F.
STREET ADDRESS 1801 RICHARDS ROAD
CITY-ST-ZIP TOLEDO OH

TITLE SVP ☐ DELETE

NAME BARNARD, NEAL B.
STREET ADDRESS 201 W BIG BEAVER RD
CITY-ST-ZIP TROY MI

TITLE EVPC ☐ DELETE

NAME FILCEK, RODNEY R.
STREET ADDRESS 1801 RICHARDS ROAD
CITY-ST-ZIP TOLEDO OH

TITLE VPAS ☒ DELETE

NAME WASHBURN, BERK W.
STREET ADDRESS 201 W BIG BEAVER RD
CITY-ST-ZIP TROY MI

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

SEE ATTACHED LISTING

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSIST TREAS.

Date

1/2/99

Daytime Phone # 419-897-7453

CR2E034 (11/98)