

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P17427**

1. Entity Name

DANA COMMERCIAL CREDIT CORPORATION**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90019 033 ***150.00

Principal Place of Business Mailing Address
1801 RICHARDS ROAD P. O. BOX 906
TOLEDO OH 43607 TOLEDO OH 43697-0906
US US

700818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1538184**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(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) ☐**FILE NOW!!! FEE IS \$150.00***
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVP** ☐ Delete
NAME **BEHAM, JOSEPH**
STREET ADDRESS **1801 RICHARDS ROAD**
CITY-ST-ZIP **TOLEDO OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **TEIGLAND, JOHN F.**
STREET ADDRESS **1801 RICHARDS ROAD**
CITY-ST-ZIP **TOLEDO OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **BARNARD, NEAL B.**
STREET ADDRESS **201 W BIG BEAVER RD**
CITY-ST-ZIP **TROY MI**

TITLE ☒ Change ☐ Addition
NAME **Neal B. Barnard**
STREET ADDRESS **1801 Richards Road**
CITY-ST-ZIP **Toledo, OH 43607**

TITLE **EVPC** ☐ Delete
NAME **FILCEK, RODNEY R.**
STREET ADDRESS **1801 RICHARDS ROAD**
CITY-ST-ZIP **TOLEDO OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SEE ATTACHED**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Wynndolyn Shell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01-14-00**
Date**(419) 897-7380**
Daytime Phone #