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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27675** **(8)**

1. Corporation Name
CHRYSLER CORPORATION

Principal Place of Business	Mailing Address
TAX AFFAIRS 485-12-30 1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766	TAX AFFAIRS 485-12-30 1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766

3. Date Incorporated or Qualified: 01/09/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 38-2673623 ☐ 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

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

10. Name and Address of New Registered Agent

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	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EATON, ROBERT J		1.2 NAME		
STREET ADDRESS	1000 ~~CHRYSLER DRIVE~~		1.3 STREET ADDRESS	1000 CHRYSLER DRIVE	
CITY-ST-ZIP	AUBURN HILLS MI 48326-2766		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUTZ, ROBERT A		2.2 NAME		
STREET ADDRESS	1000 ~~CHRYSLER DRIVE~~		2.3 STREET ADDRESS	"	"
CITY-ST-ZIP	AUBURN HILLS MI 48326-2766		2.4 CITY-ST-ZIP		
TITLE	CCCE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DONHOMME, TOBERT G		3.2 NAME		
STREET ADDRESS	1000 ~~CHRYSLER DRIVE~~		3.3 STREET ADDRESS	"	"
CITY-ST-ZIP	AUBURN HILLS MI 48326-2766		3.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, W J		4.2 NAME		
STREET ADDRESS	1000 ~~CHRYSLER DRIVE~~		4.3 STREET ADDRESS	"	"
CITY-ST-ZIP	AUBURN HILLS MI 48326-2766		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOFFREDO, J L		5.2 NAME		
STREET ADDRESS	1000 ~~CHRYSLER DRIVE~~		5.3 STREET ADDRESS	"	"
CITY-ST-ZIP	AUBURN HILLS MI 48326-2766		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAPO, T P		6.2 NAME		
STREET ADDRESS	1000 ~~CHRYSLER DRIVE~~		6.3 STREET ADDRESS	"	"
CITY-ST-ZIP	AUBURN HILLS MI 48326-2766		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 added above.

SIGNATURE: J. L. LOFFREDO ASSISTANT SECRETARY 4/21/97 Tel: 512-3088