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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27675

1. Corporation	Name RCHRYSLER CORPORATION	1				
ORMILLI	IOTHTOELH GOTH OTHTO					
Principal Place	e of Business	Mailing Address			11 Still Stant Stant Stant Stant	****** ***** 148°
TAX AFFAIRS 4		TAX AFFAIRS 485-12-30				
1000 CHRYSLER DRIVE AUBURN HILLS MI 48326-2766 AUBURN HILLS MI 48326-2766 AUBURN HILLS MI 48326-2766		22	DO NOT WRITE IN THIS SPACE			
AUDUMN HILLS	MI 48320-2700	MUDUNIA LIIEES MI 40050-516	70	3. Date Incorporated or Qualifed		 -
				01/09/1990		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
21		26		38-2673623	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	****	5. Certificate of Status Desired	T	Additional
22		27		3. Certificate or Status Desired	Fee R	equired
City & State	0	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre		
24	25		30	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
CT C	CORPORATION SYSTEM		of Name			_
1200 S. PINE ISLAND ROAD			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
PLANTATION FL 33324		83				
	(17,11011 1 E 000E 1		63			
	·		84 City		E1 85 Zip	Code
		0 1 COZ 4EOO Elido Chatada		paration submits this statement for the	T L.	registered_
office or r	to the provisions of Sections 607,030 egistered agent, or both, in the State	of Florida. Such change was aut	thorized by the corporati	poration submits this statement for the pon's board of directors. I hereby accept	t the appointment as n	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.			
SIGNATURE						
0.0.0.0	Claudian based or adated some of registered page	nt and title of applicable (NOTE: 0	Secietered Agent signature require	od when remetating)	DATE	
	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature require	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	ORS IN 12
12.	OFFICERS AN	nt and title of applicable. (NOTE: FID DIRECTORS				ORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		ICERS AND DIRECT	
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12. TITLE NAME STREET ADDRESS	OFFICERS AN CEO EATON, ROBERT J 1000 CHRYSLER DRIVE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECT	
12. TITLE NAME	OFFICERS AN CEO EATON, ROBERT J	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME		ICERS AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN CEO EATON, ROBERT J 1000 CHRYSLER DRIVE AUBURN HILLS MI	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		FICERS AND DIRECT	☐ Addition
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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

GNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 248 512 3088 Dayune Phone #

R2F034 (11/98)