

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90967 016 ***150.00

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DOCUMENT # P31641

1. Entity Name
MITSUBISHI MOTORS CREDIT OF AMERICA, INC.



Principal Place of Business
6363 KATELLA AVENUE (90630-5205)
P.O. BOX 6038
CYPRESS CA 90630-0038

Mailing Address
6363 KATELLA AVENUE (90630-5205)
P.O. BOX 6038
CYPRESS CA 90630-0038

11061500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0431467**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GAGNON, PIERRE ☒ Delete
6400 KATELLA AVE
CYPRESS CA 90630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
PIERRE GAGNON ☒ Change ☐ Addition
6400 KATELLA AVENUE
CYPRESS, CA 90630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VGD
TREDWAY, CHARLES ☒ Delete
6363 KATELLA AVE
CYPRESS CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROBERT COSTANTINO ☐ Change ☒ Addition
6363 KATELLA AVENUE
CYPRESS, CA 90630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GLEBERMAN, ELLEN ☐ Delete
6400 KATELLA AVENUE
CYPRESS CA 90630

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
KITAMURA, HIDEYUKI ☐ Delete
6363 KATELLA AVE
CYPRESS CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
HIDEYUKI KITAMURA ☒ Change ☐ Addition
6363 KATELLA AVENUE
CYPRESS, CA 90630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZORGER, JOHN ☐ Delete
6400 KATELLA AVE
CYPRESS CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASD
JOHN ZORGER ☒ Change ☐ Addition
6400 KATELLA AVENUE
CYPRESS, CA 90630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
GRIMALDI, STEVEN ☐ Delete
6363 KATELLA AVENUE
CYPRESS CA 90630

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

St E 4/23/03 (714) 236-1500

CR2E034 (10/02)