

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P33476 (3)**  
 1. Corporation Name  
**BMW OF NORTH AMERICA, INC.**



Principal Place of Business  
**300 CHESTNUT RIDGE ROAD**  
**WOODCLIFF LAKE NJ 07675**  
**US**

Mailing Address  
**ATT: TAX DEPT.**  
**P.O. BOX 1227**  
**WESTWOOD NJ 07675-1227**  
**US**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>04/08/1991</b>	
<b>4. FET Number</b> <b>22-2139469</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLAN, VICTOR H.	1.2 NAME	
STREET ADDRESS	300 CHESTNUT RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMER, DR. KARL	2.2 NAME	ADELBERGER, DR. WERNER
STREET ADDRESS	300 CHESTNUT RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JAMES	3.2 NAME	
STREET ADDRESS	300 CHESTNUT RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSCHKE, RICHARD	4.2 NAME	MAYER, NORBERT
STREET ADDRESS	300 CHESTNUT RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPOSSELA, PHILLIP	5.2 NAME	ROBINSON, EDWARD
STREET ADDRESS	300 CHESTNUT RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUENZL, HANS	6.2 NAME	
STREET ADDRESS	300 CHESTNUT RIDGE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	6.4 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.

SIGNATURE \_\_\_\_\_ Assistant Secretary Taxation (201) 307-4000

CR2E034 (10/97)