

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34809

1. Entity Name

U.S. AUTO RECEIVABLES COMPANY

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90182 005 \*\*\*150.00

Principal Place of Business

27777 FRANKLIN RD.  
SOUTHFIELD MI 48034-2337

Mailing Address

1000 CHRYSLER DR.  
TAX AFFAIRS, CMS 485-12-30  
AUBURN HILLS MI 48326-2766  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-2997412

Applied For

Not Applicable

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 State**

10. 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	CD	<input checked="" type="checkbox"/> Delete
NAME	GILMAN, T.F.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRANSON, R L	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VO	<input type="checkbox"/> Delete
NAME	TARAVELLA, C A	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KICKHAM, M A	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VPDT	<input checked="" type="checkbox"/> Delete
NAME	CANTWELL, D M	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	HACKMAN, T.L.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD MI	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, D. L.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUEHLBAYER, M.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATHAM, P.H.	
STREET ADDRESS	1000 CHRYSLER DR; CMS 485-12-30	
CITY-ST-ZIP	AUBURN HILLS, MI 48326-2766	
TITLE	VP/CT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, D.H.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELLGREN, J.A.	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PISANO, A	
STREET ADDRESS	27777 FRANKLIN RD.	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. H. LATHAM

ASSISTANT CONTROLLER

4/11/00 (248) 512-3088

Date

Daytime Phone #

CR2E034 (9/99)