FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **FILED** Sandra B. Mortham ANNUAL REPORT May 01, 1996 08:00 AM Secretary of State (FIVE PORATIONS 1996 🌫 **Secretary of State** (5)DOCUMENT # Corporation Name PREMIER AUTO RECEIVABLES COMPANY Mailino Address Principal Place of Business 27777 FRANKLIN ROAD 27777 FRANKLIN ROAD SOUTHFIELD MI 48034 SOUTHFIELD MI 40034 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1992 05/01/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 38-3047398 Not Applicable 21 26 1000 CHRISTER DR \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 TAX AFTAIDS, CUMS 485-12-22 6. Flection Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 HBBBN HILL This corporation has liability for Intangible tax under s. 199.032. $Z_{(0)}$ Country Zip ☐ Yes XNo 18036-276 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent B1 | Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 82 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 84 85 Zip Code City 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 307.0505, Florida Statutes. SIGNATURE (NOT). Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIFIECTORS Change Addition DELETE 1 1 TILLE TITLE 1.2 NAME SIDLIK, T.W. NAME + CILMAN 27777 FRANKLIN RD 1.3 STREET ADDRESS STREET ADDRESS **SOUTHFIELD MI** 1 4 CITY - ST - ZIF CITY-ST-ZIP Addition Change DELETE 2 1 TITLE TITLE DAVIS, D.L. 2.2 NAME NAME 27777 FRANKLIN RD 23 STREET ADDRESS STREET ADDRESS SOUTHFIELD MI 2 4 CITY - \$1 - ZIP CITY-ST-ZIP Addition **∱**Change DELETE 3 1 TITLE TITLE ROBISON: D.A. 3.2 NAME NAME A.L. RONOUILLO STREET ADDRESS 27777 FRANKLIN RD 3.3. STREET ADDRESS SOUTHFIELD MI 3 4 CITY - \$1 - 7IP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE L'MECKUAN) HNK=R.A. 4.2 NAME NAME 27777 FRANKLIN RD 4.3 STREET ADDRESS STREET ADDRESS SALE SOUTHFIELD MI 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TULE TITLE AC LATHAM, PH 5.2 NAME NAME 27777 FRANKLIN RD 5.3 STREET ADDRESS STREET ADDRESS SOUTHFIELD MI 5.4 CHY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE DVT TITLE VD. CANTWELL, D.M. 6.2 NAME NAME 6.3 STREET ADORESS 27777 FRANKLIN RD STREET ADDRESS SOUTHFIELD MI 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 coath; 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, by on an approximation with an address.

P. H. Latham

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: