

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P39739 (8)

1. Corporation Name

AMERICAN AUTO RECEIVABLES COMPANY

Principal Place of Business

27777 FRANKLIN RD  
SOUTHFIELD MI 48034

Mailing Address

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/21/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

38-3059969

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPC	<input type="checkbox"/> DELETE
NAME	T.F. GILMAN	
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, D.L.	
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<del>A.L. RONGUILLO</del>	
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	CANTWELL, D.M.	
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	J.A. SELLGREN	
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	T.L. HACKMAN	
STREET ADDRESS	27777 FRANKLIN RD	
CITY-ST-ZIP	SOUTHFIELD MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	C.A. TARAVELLA
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. H. Latham  
Asst. Controller

2/7/97

(810) 512-3406

Daytime Phone #

CR2E034 (9/96)