

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90240 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P39739**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/21/1992**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**38-3059969**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.F. GILMAN	1.2 NAME	
STREET ADDRESS	27777 FRANKLIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANSON, R L	2.2 NAME	
STREET ADDRESS	27777 FRANKLIN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARAUUELLA, C.A.	3.2 NAME	
STREET ADDRESS	27777 FRANKLIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTWELL, D.M.	4.2 NAME	
STREET ADDRESS	27777 FRANKLIN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.A. SELLGREN	5.2 NAME	
STREET ADDRESS	27777 FRANKLIN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T.L. HACKMAN	6.2 NAME	
STREET ADDRESS	27777 FRANKLIN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 248-512-3088

Date

Daytime Phone #

CR2E034 (11/98)