

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

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

05-05-1999 90017 025 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P41116**

1. Corporation Name  
**VOLVO CAR FINANCE, INC.**



Principal Place of Business  
 25 PHILIPS PARKWAY  
 MONTVALE NJ 07645  
 US

Mailing Address  
 25 PHILIPS PARKWAY  
 MONTVALE NJ 07645  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/22/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-3193146	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		Country	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes the current year Intangible Personal Property Tax.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	ASST TREAS TAXES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN R. JAMES	1.2 NAME	JOHN AMATO
STREET ADDRESS	4726 ANDREWS LINKS ST	1.3 STREET ADDRESS	260 LONG RIDGE RD
CITY-ST-ZIP	CHARLOTTE N	1.4 CITY-ST-ZIP	STAMFORD, CT 06927
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYARS, ANGELO	2.2 NAME	
STREET ADDRESS	21 CEDAR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITEHOUSE STATN NJ	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURO, SALVATORE L	3.2 NAME	
STREET ADDRESS	312 ALPINE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVALE NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARECKI, HENRYK	4.2 NAME	
STREET ADDRESS	375 FALETTI CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER VALE NJ	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, JEFFREY S	5.2 NAME	
STREET ADDRESS	146 FORREST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREILICH, DAVID J.	6.2 NAME	
STREET ADDRESS	15 KENILWORTH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK NY	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: JOHN AMATO 4.28.99 Date 203-357-4544 Daytime Phone #

CR2E034 (11/98)