2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070674 Apr 11, 2000 08:00 AM **Secretary of State** AUTONATION USA CORPORATION Principal Place of Business Mailing Address 110 S.E. 6TH ST. 110 S.E. 6TH ST. 20TH FLOOR 20TH FLOOR FORT LAUDERDALE FORT LAUDERDALE FL FL 33301 33301 2. Principal Place of Business 3. Mailing Address 2615 INTERSTATE 20 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For GRAND PRARIE тx 65-0608572 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 75052 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT COPORATION SYSTEM 1200 S PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION 3324 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. 04/11/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE T X Change ☐ Addition HYLE KATHLEEN NAME BOURHIS MARC \mathbf{L} STREET ADDRESS 110 SE 6TH ST STREET ADDRESS 110 SE 6TH ST CITY-ST-ZIP FT LAUDERDALE 33301 CITY-ST-ZIP FT LAUDERDALE 33301 TITLE ☐ Delete TITLE X Change ☐ Addition NAME HAWKINS NAME FERRANDO THOMAS W JONATHAN P STREET ADDRESS 110 S.E. 6TH ST. STREET ACCRESS 110 S.E. 6TH ST. CITY-ST-ZIF FORT LAUDERDALE FL. 33301 CITY-ST-718 FORT LAUDERDALE FT. 33301 TITLE ☐ Delete TILE DVP D/VP X Change ☐ Addition NAME COLE JAMES O NAME FERRANDO JONATHAN P STREET ADDRESS 110 SE 6TH ST 110 SE 6TH ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE 33301 CITY-ST-ZIP FORT LAUDERDALE 33301 TITLE ☐ Defete TITLE D/P X Change ☐ Addition NAME MAROBNE MICHAEL NAME MAROONE MICHAEL STREET ADDRESS 110 SE 6TH ST STREET ADDRESS 110 SE 6TH ST CITY-ST-ZIP FT LAUDERDALE FT LAUDERDALE 33301 33301 FL. CITY-ST-ZIP FL. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.