

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004681

Entity Name: CDK VEHICLE REGISTRATION, INC.

Current Principal Place of Business:

1950 HASSELL ROAD
HOFFMAN ESTATES, IL 60169

Current Mailing Address:

1950 HASSELL ROAD
HOFFMAN ESTATES, IL 60169 US

FEI Number: 95-3962539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name KINZER, JAMES BROOKS
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title PRESIDENT
Name BRUNZ, LEE JAMES
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title SECRETARY
Name BRUNZ, LEE JAMES
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title VP & CONTROLLER
Name TAUTGES, JOSEPH A
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title VP
Name ROWE, TAZEWELL S
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title TREASURER
Name ROWE, TAZEWELL S
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title ASSISTANT SECRETARY
Name BEAUDET, LAURIE
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title ASSISTANT SECRETARY
Name KINZER, JAMES BROOKS
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYLVIA SHI

ASSISTANT SECRETARY 04/08/2021

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name SHI, SYLVIA
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title DIRECTOR
Name BRUNZ, LEE JAMES
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169

Title DIRECTOR
Name TAUTGES, JOSEPH A
Address 1950 HASSELL ROAD
City-State-Zip: HOFFMAN ESTATES IL 60169