

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31725

Entity Name: CREDIT ACCEPTANCE CORPORATION**Current Principal Place of Business:**25505 WEST 12 MILE RD
SOUTHFIELD, MI 48034-8339**Current Mailing Address:**25505 WEST 12 MILE RD
COMPLIANCE DEPARTMENT
SOUTHFIELD, MI 48086 US**FEI Number:** 38-1999511**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT
Name JONES, STEVEN
Address 25505 W. 12 MILE RD
City-State-Zip: SOUTHFIELD MI 48034

Title CEO
Name ROBERTS, BRETT A
Address 25505 W. 12 MILE RD
City-State-Zip: SOUTHFIELD MI 48034

Title TREASURER
Name BUSK, DOUGLAS W
Address 25505 W. 12 MILE RD
City-State-Zip: SOUTHFIELD MI 48034

Title CFO
Name BOOTH, KENNETH S
Address 25505 W 12 MILE RD
City-State-Zip: SOUTHFIELD MI 48034

Title SECRETARY
Name PEARCE, CHARLES A
Address 25505 W. 12 MILE RD
City-State-Zip: SOUTHFIELD MI 48034

Title CHIEF ANALYTICS OFFICER
Name SMITH, ARTHUR L
Address 25505 WEST 12 MILE RD
City-State-Zip: SOUTHFIELD MI 48034-8339

Title ASSISTANT SECRETARY
Name KERBER, ERIN J
Address 25505 W. 12 MILE RD
City-State-Zip: SOUTHFIELD MI 48034

Title CHIEF SALES OFFICER
Name ULATOWSKI, DANIEL A
Address 25505 W. TWELVE MILE ROAD
City-State-Zip: SOUTHFIELD MI 48034

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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: ERIN KERBER**ASSISTANT SECRETARY 04/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	CHIEF INFORMATION OFFICER
Name	SOAVE, JOHN S
Address	25505 W. TWELVE MILE ROAD
City-State-Zip:	SOUTHFIELD MI 48034