

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

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**Feb 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 846413 (3)**  
1. Corporation Name  
**CHRYSLER FIRST BUSINESS CREDIT CORPORATION**



Principal Place of Business  
**27777 FRANKLIN RD  
SOUTHFIELD MI 48034  
US**

Mailing Address  
**1000 CHRYSLER DR  
TAX AFFAIRS, CIMS 485-12-30  
AUBURN HILLS MI 48326-2786  
US**

3. Date Incorporated or Qualified **06/26/1980** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **23-1428936** Applied For  Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
<input checked="" type="checkbox"/>	<b>DC- SIDLIK, T-W</b>	<b>27777 FRANKLIN RD.</b>	<b>SOUTHFIELD MI</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>DV- RONQUILLO, A-L</b>	<b>27777 FRANKLIN RD.</b>	<b>SOUTHFIELD MI</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>DVT- GANTWELL, D-M</b>	<b>27777 FRANKLIN RD.</b>	<b>SOUTHFIELD MI</b>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<b>V- ROBISON, D.A.</b>	<b>27777 FRANKLIN RD.</b>	<b>SOUTHFIELD MI</b>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<b>S- T.L. HACKMAN</b>	<b>27777 FRANKLIN RD.</b>	<b>SOUTHFIELD MI</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>P- DIMAMBRO, P</b>	<b>27777 FRANKLIN RD</b>	<b>SOUTHFIELD MI</b>	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
	<b>AS JAMES, J.W.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>C LATHAM, P.H.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, 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 presented 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 registered agent 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/7/97 (810) 512-3406**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **P.H. LATHAM CONTROLLER**

CR2E034 (9/96)