

1.) CORPORATION NAME:

**Manheim Remarketing, Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1804386**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6205 PEACHTREE DUNWOODY ROAD  
M/S CP-12

CITY/ST/ZIP: ATLANTA, GA 30328

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SANFORD H. SCHWARTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6205 PEACHTREE DUNWOODY ROAD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

NAME:	JOSEPH LUPPINO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6205 PEACHTREE DUNWOODY ROAD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

NAME:	MARIA FRIEDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6205 PEACHTREE DUNWOODY ROAD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

NAME:	MICHAEL J. LANGHORNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6205 PEACHTREE DUNWOODY ROAD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

NAME:	KATHRINE K. DECKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6205 PEACHTREE DUNWOODY ROAD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

NAME:	SHAUNA S. MUHL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6205 PEACHTREE DUNWOODY ROAD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30328		

NAME: JANET H BARNARD TITLE: VICE PRESIDENT ADDRESS: 6205 Peachtree Dunwoody Road CITY/ST/ZIP/CO: Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL J LANGHORNE TITLE: ASST SECRETARY ADDRESS: 6205 Peachtree Dunwoody Road CITY/ST/ZIP/CO: Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL J LANGHORNE TITLE: ASST TREASURER ADDRESS: 6205 Peachtree Dunwoody Road CITY/ST/ZIP/CO: Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MARIA FRIEDMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARIA FRIEDMAN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/2/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		