Amended

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State of Rhode Island a Department of St			ivision			0.3	
Annual Report for the year: 2017						P	
Corporation	<u>-</u>						
→ Filing period: January 1 - March 1						6.2 중도 중 중 중 중 중 중 중 중 중 중 중 중 중 중 중 중 중 중	
→ Filing Fee: \$50.00						N 3	
→ Penalty: Additional \$25.00	fee if form is not	filed by April 1.			_		
1. Entity ID Number	2. Exact name of the Corporation						
000025376	TOYOTA MOTOR CREDIT CORPORATION ?? < \(\sigma\)						
3. Principal Office Address			City		State	₫ З ^{ip}	
6565 Headquarters Drive, W2-5A			Plano		TX	75024-5965	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
52 - Finance and Insurance	Sales finance						
5. State of Incorporation							
CA							
7. List ALL officers (names and ad	idresses)		IV.San Denaidae		he box to ii	ndicate an attachment 🔲	
President Name Michael Groff			Vice-President Name				
Street Address 6565 Headquarters Drive, W2-5A			Street Address				
City Plano	State TX	Zip 75024-596	City		State	Zip	
Secretary Name Katherine Adkins			Treasurer Name Toshiaki Kawai				
Street Address 6565 Headquarters Drive, W2-5A			Street Address 6565 Headquarters Drive, W2-5A				
City Plano	State TX	Zip 75024-596	City Plano		State TX	Zip 75024-596	
8. List ALL directors (names and a	addresses)				he box to i	ndicate an attachment 💌	
Director Name Robert Carter			Director Name Michael Groff				
Street Address 6565 Headquarters Drive, W2-5A			Street Address 6565 Headquarters Drive, W2-5A				
City Plano	State TX	Zip 75024-5965	City Plano	1111	State TX	Zip 75024-596	
Director Name Riki Inuzuka			Director Name Toshiaki Kawai				
Street Address c/o 6565 Headquarters Drive, W2-5A			Street Address 6565 Headquarters Drive, W2-5A				
City Plano	State TX	Zip 75024-5965	City Plano		State TX	[Zin	
9. Shares Authorized		10. Shares Issue			ne box to in	ndicate an attachment 🔲	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		91,500		Common		No par value	
Changes require an additional filing)•						
11. This report must be executed of					ation is in t	he hands of a receiver or	
trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and							
statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative				Date			
Katherine Adkins, Secretary 07/31/2017					и/		
Signature of Authorized Represen	tative Fix all	1		FILED			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 22 2017 218

FORM 630 - Revised: 02/2017

TOYOTA MOTOR CREDIT CORPORATION

Attachment to Rhode Island

Directors:

James Lentz	Director	6565 Headquarters Drive, W2-
		5A, Plano, TX 75024-5965
Mark Templin	Director	6565 Headquarters Drive, W2-
		5A, Plano, TX 75024-5965