

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

1. 112 No 112394		WINTED IN BLACK) Such name of the limited thability company IW Financial Services NA, LLC				
3. State of Formation DELAWARE 4. Brief description of the character of the busin LEASING OF MOTOR VEHICLES				tness which is actually conducted in Rhode Isl	an d	
5. Principal office address 300 Chestnut Ridge Road				City Woodcliff Lake	State New Jerse	y 2ip 07677
Contact Name		LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PE Contact Title Tax Coordinator	RSON:	·
Laurie Faig Street Address 300 Chestnut Ridge Road				Gity Woodcliff Lake	State NJ	_{Хір} 07677
			OF THE LIMITEI S BEFORE USING	LIABILITY COMPANY, IF APPLIC ATTACHMENTS ("X" BOX FOR A		
	ANY MODIFICAT			RES FILING OF AMENDMENT, R.I.C. Manager Name) / 7-16-52
Manager Name	ANY MODIFICAT			RES FILING OF AMENDMENT, R.I.C) / 7-16-52
Manager Name Street Address	ANY MODIFICAT			RES FILING OF AMENDMENT, R.I.C		7.16-52
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



112394

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.

19

10/2/05

Signature of Authorized Perso

Date

Frank Wieczorek/Asst.Sec.-Taxation

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 2004 Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. //2 No 112394	2. Exact name of the limited Itability company BMW Financial Services NA, LLC						
3 State of Formation			•				
DELAWARE	LEA	SING OF MOT	e character of the business wi OR VEHICLES	bich is actually conducted in Rhode I	land		
5. Principal office address				City	State	7/2	
300 Chestnut	: Ridge Ro	oad		Woodcliff Lake		<i>7.tp</i>	
6. MAILING ADDRES	S OF LIMITE	D LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PE	HSON:	07677	
Contact Name				Contact Title			
Laurie Faig					Tax Coo	rdinator	
Street Address				City	State	Zip	
300 Chestnut				Woodcliff Lake	NJ	07677	
7. NAME AND ADDR	ESS OF EACH	I MANAGER C	F THE LIMITED LIAB	·- ILITY COMPANY, IF APPLIC	ARIF	1 0.077	
ANY Manager Name	MODIFICAT	IL IN SPACES	BEFORE USING ATTAI IAGERS REQUIRES FII	ATTACHMENTS ("X" BOX FOR ATTACHMENT) S FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name			
Street Address				Street Address			
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Manager Name	•••••••	•••••••	l	Manager Name		J	
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CT CORPORATION SYS	TEM						
Address				City		Ζφ	
10 WEYBOSSET STREET				PROVIDENCE 02903-			
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Daie 10 22 04	
Check No. 492852	
By:	
FOR SECRETARY OF STATE USE ONLY	•

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.

Signature of Authorized Person

10/14/04

Frank Wieczorek/Asst.Sec.-Taxation

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 105 North Main Street Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

	nver I - November I OR PRINTED IN BLACK)	• Filing Fee: \$50).00				
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3. State of Fermatem		d. Brief description of the character of the hismess which is actually conducted in Rhode Island					
DELAWARE	LEASING OF	MOTOR VEHICLES					
 Principal office address 	s		City	State	24)		
300 Chestnut	Ridge Road		Woodcliff Lake	NJ	07677		
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY ANI	D NAME OR TITLE OF CONTACT PE	ERSON:	·		
Contact Name			Contact Title				
Laurie Faig			Tax Coo	rdinator			
Street Address	·-	·	Caty	State	Zψ		
300 Chestnut	Ridge Road		Woodcliff Lake	ŊJ	07677		
7. NAME AND ADD	RESS OF EACH MANA	AGER OF THE LIMITE	D LIABILITY COMPANY, IF APPLIC	CABLE	·		
		PACES BEFORE USING		ATTACHMENT)	,		
AN	Y MODIFICATIONS T	O MANAGERS REQUI	RES FILING OF AMENDMENT, R.L.	G.L. 7-16-12 (a) (2)	/ 7-16-52		
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	T IN RHODE ISLAND	- DO NOT ALTER - C	hanges require filing of Form 64	2 - R.I.G.L. 7-16-11			
Agent Name			Address				
CT CORPORATION S	YSTEM						
Address			Gits	Zφ			
10 WEYBOSSET STREET			PROVIDENCE		02903-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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File Date 11 4 03 L. Check No.	
B)	

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.

Jew D

10/27/03

Signature of Authorized Person

Date

Frank Wieczorek/Asst.Sec.-Taxation

Print or Type Name of Authors, ed Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

(FORM MUST BE TY)	ED OR PRINTED IN	DI.ACK)			
112394	2. Exact name of the	e limited liabilty company			
3. State of Formation	BMW Financial Services NA, LLC				
	4. Brief desi	cription of the character of th	e business which is actually conducted	d in Rhode Island	
DELAWARE	LEASING	OF MOTOR VEHICLES	·		
Principal office addi			City		
300 Chestnu	t Ridge Road		Woodcliff Lake	State	Zip
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Laurie Faig			.Contact Title		
treet Address				ordinator	
300 Chestnu	t Ridge Road-	Attn:Tax Dept.	City	State	Zip
NAMEANDADD	DESC OF TACUL	Dept.	• Westwood	NJ	07677
	EII 1 IN	COLORO DETONO	MITED LIABILITY COMPA	NY, IF APPLICABLE	
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rcet Address		TO MANAGENS REQU	*Manager Name	(I.G.L 7-16-12 (a) (2) 7 7-1	16-52
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date 10-16.02Check No. 292552By: The Formula of State Use Only

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.

Signature of Authorized Person Date

Frank Wieczorek/Asst.Sec.-Taxation
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ח	Mumbar	ELLO 440004

ID	Number FLLC 112394	Annual Report for the year 2001
1.	The name of the limited liability comp	eany is:
	BMW Financial Services NA, LLC	
:::::? -	The address of the principal office of 300 Chestnut Ridge Road-W	the limited liability company is:
3.		
4.	The name and add	ne laws of which it is formed is <u>DELAWARE</u>
₹.	The frame and address of its resident	agent is: CT CORPORATION SYSTEM
	10 WEYBOSSET STREET PROVIDE	
5.	may be directed are: P.O. Box 122 Westwood, No.	
·	J. J	
7. 1		agers, the name and address of each manager of the limited liability company Address
-	BMW of North America, LLC	300 Chestnut Ridge Road-Woodcliff Lake, NJ 07677
Dated	1 1 2 3 9 4	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. BMW Financial Services NA, LLC Exact Name of Limited Liability Company
rile Da		By Frank Wieczorek
Check:	No.: 205-281	Assistant Secretary-Taxation
3y: 	2.	Title Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING