

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90006 024 ***150.00

DOCUMENT # F95000001320

1. Entity Name

WFS FINANCIAL INC.

Principal Place of Business

Mailing Address

**23 PASTEUR ROAD
ATTN LEGAL DEPT
IRVINE CA 92718**

**23 PASTEUR ROAD
ATTN LEGAL DEPT
IRVINE CA 92718**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
92618

Country

Zip
92618

Country

4. FEI Number

33-0291646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **RADY, ERNEST S**
CITY-ST-ZIP **23 PASTEUR ROAD**
IRVINE CA 92718

TITLE ☒ Change ☐ Addition
NAME **see attachment for**
STREET ADDRESS **complete list**
CITY-ST-ZIP **92618**

TITLE ☐ Delete
NAME **CEO**
STREET ADDRESS **SCHAEFER, JOY**
CITY-ST-ZIP **23 PASTEUR ROAD**
IRVINE CA 92718

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **92618**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOWLAN, JAMES R**
CITY-ST-ZIP **32 CALLENDAR CT**
LAGUNA NIGUEL CA 92677

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REESE, HOWARD C**
CITY-ST-ZIP **1585 SPYGLASS DR**
UPLAND CA 91784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **EVP**
STREET ADDRESS **STEPHAN, RICHARD W**
CITY-ST-ZIP **23 PASTEUR RD.**
IRVINE CA 92618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FIPP, BERNARD E**
CITY-ST-ZIP **5465 MOREHOUSE DR., #260**
SAN DIEGO CA 92192

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **110 Juniper St.**
CITY-ST-ZIP **San Diego, CA 92101**

13. I hereby 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 indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas W. Fipp
Thomas W. Fipp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President, COO

(949) 727-1000

Date

Daytime Phone #

CR2E034 (9/99)