

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90027 006 ***150.00

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1. Entity Name

BAY VIEW ACCEPTANCE CORPORATION



Principal Place of Business

**818 OAKPARK ROAD
COVINA CA 91723**

Mailing Address

**P.O. BOX 4579
COVINA CA 91723**

04023445



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

818 Oak Park Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Covina CA**

4. FEI Number

94-3292819

Applied For

Not Applicable

Zip

91724

Country

Zip

91724

Country

Los Angeles

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME BADAME, JAMES A
STREET ADDRESS 1840 GATEWAY DRIVE
CITY-ST-ZIP SAN MATEO CA 94404

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

TITLE EVP ☐ Delete
NAME COOPER, CHARLES G
STREET ADDRESS 1840 GATEWAY DRIVE
CITY-ST-ZIP SAN MATEO CA 94404

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

TITLE VP ☐ Delete
NAME STAAB, LISA
STREET ADDRESS 1840 GATEWAY DRIVE
CITY-ST-ZIP SAN MATEO CA 94404

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

TITLE V ☒ Delete
NAME HALACHUKAS, ROBERT A
STREET ADDRESS 1840 GATEWAY DRIVE
CITY-ST-ZIP SAN MATEO CA 94404

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

TITLE VS ☐ Delete
NAME CATALANO, JOSEPH J
STREET ADDRESS 1840 GATEWAY DRIVE
CITY-ST-ZIP SAN MATEO CA 94404

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

TITLE V ☐ Delete
NAME FLASHNER, MICHAEL E
STREET ADDRESS 1840 GATEWAY DRIVE
CITY-ST-ZIP SAN MATEO CA 94404

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Flashner

Michael Flashner, SVP

3/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #