


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001843 1. Entity Name BAY VIEW ACCEPTANCE CORPORATION	
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Principal Place of Business 818 OAKPARK ROAD COVINA, CA 91723	Mailing Address 818 OAKPARK ROAD COVINA, CA 91723
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DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number **94-3292819** ☐ Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

5. Name and Address of Current Registered Agent CORPORATE RESEARCH SOLUTIONS, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title (if applicable).

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, CHARLES G 1840 GATEWAY DRIVE SAN MATEO, CA 94404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRODYOTH, CHATTERJEE 818 OAK PARK RD COVINA, CA 91724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, ROBERT 1840 GATEWAY DRIVE SUITE 400 SAN MATEO, CA 94404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, JON 1840 GATEWAY DRIVE SUITE 400 SAN MATEO, CA 94404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO OKUBO, JOHN 1840 GATEWAY DRIVE SUITE 400 SAN MATEO, CA 94404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAGNER, TAUSHA 1840 GATEWAY DRIVE SUITE 400 SAN MATEO, CA 94404

U00000474041
04/04/06-80006-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without other like empowered.

SIGNATURE:  March 16, 2006 (626) 257-121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #