

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



Principal Place of Business Mailing Address
818 OAKPARK ROAD **818 OAKPARK ROAD**
COVINA, CA 91723 **COVINA, CA 91723**

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
94-3292819 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPER, CHARLES G
STREET ADDRESS	1840 GATEWAY DRIVE
CITY-ST-ZIP	SAN MATEO, CA 94404
TITLE	P
NAME	PRODYOTH, CHATTERJEE
STREET ADDRESS	818 OAK PARK RD
CITY-ST-ZIP	COVINA, CA 91724
TITLE	D
NAME	GOLDSTEIN, ROBERT
STREET ADDRESS	1840 GATEWAY DRIVE SUITE 400
CITY-ST-ZIP	SAN MATEO, CA 94404
TITLE	D
NAME	ROSE, JON
STREET ADDRESS	1840 GATEWAY DRIVE SUITE 400
CITY-ST-ZIP	SAN MATEO, CA 94404
TITLE	CFO
NAME	OKUBO, JOHN
STREET ADDRESS	1840 GATEWAY DRIVE SUITE 400
CITY-ST-ZIP	SAN MATEO, CA 94404
TITLE	S
NAME	WAGNER, TAUSHA
STREET ADDRESS	1840 GATEWAY DRIVE SUITE 400
CITY-ST-ZIP	SAN MATEO, CA 94404

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 04/04/06-80006-022 150.00

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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) 257-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #