2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001843

Entity Name: BAY VIEW ACCEPTANCE CORPORATION

FILED Mar 30, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
818 OAKPARK ROAD COVINA, CA 91723				818 OAK PARK ROAD COVINA, CA 91723		
Current Mailing Address:				New Mailing Address:		
818 OAKPARK ROAD COVINA, CA 91723				801 CHERRY STREET SUITE 3900 FORT WORTH, TX 76102		
FEI Number: 94-3292819 FEI Number Applied For () FEI Nu				mber Not Applicable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:		Name and	Address of N	lew Registered Agent:
1201 HAYS		CE COMPANY 012525 US				
The above in the State	named entity e of Florida.	submits this statement for the pu	ırpose o	of changing i	ts registered o	ffice or registered agent, or both,
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ager	nt			Date
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (COOPER, CHA 1840 GATEWA SAN MATEO, C	Y DRIVE		Title: Name: Address: City-St-Zip:	BERCE, DANIE	STREET, SUITE 3900
Title: Name: Address: City-St-Zip:	P (PRODYOTH, C 818 OAK PARI COVINA, CA 9	(RD		Title: Name: Address: City-St-Zip:	BERCE, DANIE	STREET, SUITE 3900
Title: Name: Address: City-St-Zip:	GOLDSTEIN, F	Y DRIVE SUITE 400		Title: Name: Address: City-St-Zip:	CHOATE, CHRI 801 CHERRY S	STREET, SUITE 3900
Title: Name: Address: City-St-Zip:	ROSE, JON) Delete Y DRIVE SUITE 400 A 94404		Title: Name: Address: City-St-Zip:	MILLER, PRES	STREET, SUITE 3900
Title: Name: Address: City-St-Zip:	OKUBO, JOHN	Y DRIVE SUITE 400		Title: Name: Address: City-St-Zip:	CHOATE, CHRI	STREET, SUITE 3900
Title: Name: Address: City-St-Zip:	WAGNER, TAU	Y DRIVE SUITE 400		Title: Name: Address: City-St-Zip:	MAY, J. MICHA	STREET, SUITE 3900

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS A. CHOATE CFO 03/30/2007