

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90141 019 \*\*\*150.00

**DOCUMENT # F00000001843**

**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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 94-3292819**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VALDES-FAULI CORPORATION SERVICES, INC.**  
**777 SOUTH FLAGLER DRIVE**  
**SUITE 500 EAST**  
**WEST PALM BEACH FL 33401**

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, 2003 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** VD ☒ Delete  
**NAME** BUCKLEY, JOHN N  
**STREET ADDRESS** 1840 GATEWAY DRIVE  
**CITY-ST-ZIP** SAN MATEO CA 94404

**TITLE** ☒ Change ☐ Addition  
**NAME** EXECUTIVE VICE PRESIDENT  
**STREET ADDRESS** CHARLES B. COOPER  
**CITY-ST-ZIP** 1840 GATEWAY DR #300  
SAN MATEO CA 94404

**TITLE** V ☒ Delete  
**NAME** REED, RONALD L  
**STREET ADDRESS** 1840 GATEWAY DRIVE  
**CITY-ST-ZIP** SAN MATEO CA 94404

**TITLE** ☒ Change ☐ Addition  
**NAME** VICE PRESIDENT  
**STREET ADDRESS** USA STAAH  
**CITY-ST-ZIP** 1840 GATEWAY DRIVE #300  
SAN MATEO CA 94404

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

**TITLE** ☐ Change ☒ Addition  
**NAME** JOHN OKUBO  
**STREET ADDRESS** CFO  
**CITY-ST-ZIP** 1840 GATEWAY DR.  
SAN MATEO CA 94404

**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 any other like empowered.**

**SIGNATURE:**

*JOSEPH J CATALANO*

4/17/03

USD 312-6870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)