FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 30, 2002 8:00 am DOCUMENT # F01000002712 **Secretary of State** 1. Entity Name 07-30-2002 90379 036 ***550.00 UGLY DUCKLING RECEIVABLES CORP. II Principal Place of Business Mailing Address C/O LEGAL DEPARTMENT C/O LEGAL DEPARTMENT 2525 EAST CAMELBACK ROAD, SUITE 500 2525 EAST CAMELBACK ROAD, SUITE 500 PHOENIX AZ 85016 PHOENIX AZ 85016 2. Principal Place of Business 3. Mailing Address C/O Legal Department c/o Legal Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4020 E. Indian City & State 4. FEI Number Applied For 84-0891975 Phoenix Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F TITLE Delete Addition Sullivan, Gregory B. NAME SULLIVAN, GREGORY B NAME 4020 E. Indian School Rd. STREET ADDRESS 6130 N. 22ND STREET STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85016 CITY-ST-ZIP Phoenix, AZ 85018 TITLE ☐ Delete Change TITLE 50 D. Ehlinger Addition NAME EHLINGER, JON D NAME 4020 E. Indian School Ad STREET ADDRESS **5018 EAST LAVENDAR LANE** STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85044 CITY-ST-ZIP Phoenix, AZ TD ---- Delete TD TITLE _ 🔀 Change Addition Fulton C, Robert NAME NAME WHITAKER, ROB STREET ADDRESS 4020 E. Indian School Rd. 7246 EAST RUSTLING PASS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85255 Phoenix, AZ 85018 ☐ Delete TITLE 🛂 Change ☐ Addition Fioravanti, Albert J. FIORAVANTI, ALBERT J NAME STREET ADDRESS 2525 E. CAMELBACK ROAD, SUITE 500 YE WALL St. , 27th Floor STREET ADDRESS CITY-ST-ZIP PHOENIXI'AZ 85016 New York, New York 10005 CITY-ST-ZIP TITLE 💹 Delete TITLE Change Addition Ciaramella, Susan C. 48 Wall St., 27th Floor NAME JENKINS, DWIGHT STREET ADDRESS 2525 E. CAMELBACK ROAD, SUITE 500 STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85016 CITY-ST-ZIP New York, NY 1000S TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/0

(002-852-6600 Daytime Phone #