

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 026 ***150.00

DOCUMENT # **FD1000003252**
1. Entity Name
Ugly Duckling Receivables Corp. IV

DO NOT WRITE IN THIS SPACE

636925

2. Principal Place of Business 4020 E. Indian School Rd. Suite, Apt. #, etc. Suite, 400 City & State Phoenix, AZ Zip 85018 Country USA		3. Mailing Address 4020 E. Indian School Rd. Suite, Apt. #, etc. Suite 400 City & State Phoenix, AZ Zip 85018 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1030935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd.	
City Plantation	FL Zip Code 33324

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered agent signature required when making change)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐
(See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP A Gregory B. Sullivan 4020 E. Indian School Rd. Phoenix, AZ 85018	TITLE NAME STREET ADDRESS CITY-ST-ZIP S/D Jon D. Ehlinger 4020 E. Indian School Rd. Phoenix, AZ 85018	TITLE NAME STREET ADDRESS CITY-ST-ZIP T/D Rob Whitaker 4020 E. Indian School Rd. Phoenix, AZ 85018	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Mary L. Brady 49 Wall Street, 27th Floor New York, NY 10005	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Lori Gebron 48 Wall Street, 27th Floor New York, NY 10005		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon D. Ehlinger, Secretary **4/11/02** **602-852-6606**

DATE

Daytime Phone #

CR2E034B (12/01)