


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 029 ***150.00

DOCUMENT # F01000003252 1. Entity Name UGLY DUCKLING RECEIVABLES CORP. IV					
Principal Place of Business 4020 E INDIAN SCHOOL ROAD SUITE 400 PHOENIX, AZ 85018 US			Mailing Address 4020 E INDIAN SCHOOL ROAD SUITE 400 PHOENIX, AZ 85018 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01222004 Chg-P CR2E034 (10/03) 4. FEI Number 86-1030935	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable \$3.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, GREGORY B		NAME		
STREET ADDRESS	4020 E INDIAN SCHOOL RD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85018		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EHLINGER, JON D		NAME		
STREET ADDRESS	4020 E INDIAN SCHOOL RD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85018		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTON, ROBERT C		NAME	Treasurer Mark Sauder	
STREET ADDRESS	4820 S INDIAN SOBUL RD		STREET ADDRESS	4020 E Indian School Rd	
CITY-ST-ZIP	PHOENIX, AZ 85018		CITY-ST-ZIP	Phoenix, AZ 85018	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADY, MARY L		NAME		
STREET ADDRESS	48 WALL STREET 27TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10005		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEBRON, LORI		NAME		
STREET ADDRESS	48 WALL STREET 27TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10005		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jon Ehlinger, Secretary 1/29/04 602-852-6600		