2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004590

Entity Name: LONG BEACH ACCEPTANCE CORP

FILED Mar 12, 2008 Secretary of State

analy name: Lone be Activided in Minds dotting							
Current Principal Place of Business:				New Principal Place of Business:			
ONE MACK CENTRE DRIVE PARAMUS, NJ 07652				500 NORTH STATE COLLEGE BOULEVARD ORANGE, CA 92868			
Current Mailing Address:				New Mailing Address:			
ONE MACK CENTRE DRIVE PARAMUS, NJ 07652				801 CHERRY STREET SUITE 3900 FORT WORTH, TX 76102			
FEI Number: 33-0660404 FEI Number Applied For () FEI Number				nber Not Applicable () Certificate of Status Desired ()			
Name and	Address of Cu	ırrent Registered Agent:	,	Name and	Address of Ne	w Registered Age	ent:
1201 HAYS TALLAHAS	SEE, FL 3230		oose of	changing it	s registered offi	ce or registered ac	ent, or both.
in the State					- · · · G · · · · · · · · · · · · · · · · · · ·	J	, ,
SIGNATUR		Oissants of Desisters of Assants				Data	
		Signature of Registered Agent				Date	
Election Carr	ipaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			į	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCD () I PROUGH, STEP 500 N STATE CO ORANGE, CA 92	LLEGE BLVD	1	Title: Name: Address: City-St-Zip:	BERCE, DANIEL	REET, SUITE 3900	
Title: Name: Address: City-St-Zip:	VCOO () I KAHN, STEVEN A ONE MACK CEN PARAMUS, NJ C	TRE DRIVE	1	Title: Name: Address: City-St-Zip:	MILLER, PRESTO	REET, SUITE 3900	
Title: Name: Address: City-St-Zip:	VS () I GINSBERG, GEO ONE MACK CEN PARAMUS, NJ O	TRE DRIVE	1	Title: Name: Address: City-St-Zip:	CHOATE, CHRIS	REET, SUITE 3900	
Title: Name: Address: City-St-Zip:	VCFO () I PANKEY, MICHA ONE MACK CEN PARAMUS, NJ (TRE DRIVE	l ,	Title: Name: Address: City-St-Zip:	MAY, J. MICHAEL	REET, SUITE 3900	
Title: Name: Address: City-St-Zip:	BERCE, DANIÉL	REET., STE 3900	l	Title: Name: Address: City-St-Zip:	FEHLEISON, JAM	REET, SUITE 3900	
Title: Name: Address: City-St-Zip:	D (X) CHOATE, CHRIS 801 CHERRY ST FORT WORTH, T	REET STE 3900	l ,	Title: Name: Address: City-St-Zip:	()0	change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 CFOD 03/12/2008