2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am Secretary of State DOCUMENT # F01000006559 05-13-2002 90145 019 ***150.00 1. Entity Name WESTERN SIERRA ACCEPTANCE CORPORATION Principal Place of Business Mailing Address 774 MAYS BLVD., #10488 642 FIRST ST., STE 1 INCLINE VILLAGE NV 89451 BRETIWOOD CA 94513 2. Principal Place of Business 3. Mailing Address 774 Mays Blvd. 234 Oak St., Ste. 1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #10486 ©ity & State Incline Village, NV City & State Brentwood, CA 4. FEI Number 68-0442061 Not Applicable Zip 89451 Country 94513 Country \$8.75 Additional US. 5. Certificate of Status Desired US Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSINESS FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 1000 WEST AVE., STE 1114 MIAMI BEACH FL 33139 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. SIGNATURE Signature, typed or printed name of registered agent and trib if applicable. (NOTE: Registered Agent signature required when remstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (9/01) ☐ Addition NAME RIDLEY, DANIEL Ridley, Daniel NAME STREET ADDRESS 642 FIRST ST., STE 1 234 Oak St., Ste. 1 STREET ADDRESS E034 CITY-ST-ZIP **BRENTWOOD CA** CITY-ST-ZIP Brentwood, CA 94513 TITLE ☐ Delete TITLE ☐ Change Maddition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change □ Addition NAME

13. I hereby certify that the information supplied with this filling 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 507, Forida Statutes; and that my name appears in Block 11 or Block 12 if chapter 507.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

S.GNATUR Daniel Ridley 10

888-829-1153

FILED