2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 27, 2003 8:00 am **Secretary of State** F01000006559 DOCUMENT # 01-27-2003 90540 008 ***150.00 1. Entity Name WESTERN SIERRA ACCEPTANCE CORPORATION Principal Place of Business Mailing Address ~~~1914J 234 OAK STREET 774 MAYS BLVD. #10486 SUITE #1 INCLINE VILLAGE NV 89451 BRETNWOOD CA 94513 2. Principal Place of Business 3. Mailing Address 234 Oak Street Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 68-0442061 Brentwood, CA Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired 94513 Contra Costa Fee Required 6. 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. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Delete TITLE Change ☐ Addition RIDLEY, DANIEL NAME NAME 234 OAK STREET STE 1 STREET ADDRESS STREET ADDRESS **BRENTWOOD CA 94513** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE_ Delete TITLE Change ___ Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED