


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90322 049 \*\*\*150.00

<b>DOCUMENT # F02000000745</b>	
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1. Entity Name  
CREDIT ACCEPTANCE WHOLESALE BUYERS CLUB,  
INC.

Principal Place of Business 25505 WEST TWELVE MILE ROAD SOUTHFIELD, MI 48034	Mailing Address P.O. BOX 5070 SOUTHFIELD, MI 48086-5070
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04272004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0036555	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARTER, PHIL	
STREET ADDRESS	3801 N. UNIVERSITY DRIVE, STE. 317	
CITY-ST-ZIP	SUNRISE, FL 33351	

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, BRETT A	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	

TITLE	S	<input type="checkbox"/> Delete
NAME	PEARCE, CHARLES A	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BUSK, DOUGLAS W	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	

TITLE	D	<input type="checkbox"/> Delete
NAME	FOSS, DONALD A	
STREET ADDRESS	25505 WEST TWELVE MILE ROAD	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith McCluskey	
STREET ADDRESS	251 Lincoln	
CITY-ST-ZIP	Grosse Pointe, MI 48230	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**  **Charles A. Pearce 4/27/04 Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (248) 353-2700 Daytime Phone #