

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # F0200000745**

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**

54046591



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**30-0036555**

Applied For  
 Not Applicable

Zip Country Zip Country

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<b>CARTER, PHIL</b> <input checked="" type="checkbox"/> Delete	TITLE P	<b>Keith McCluskey</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3801 N. UNIVERSITY DRIVE, STE. 317</b>	NAME	<b>251 Lincoln</b>
STREET ADDRESS	<b>SUNRISE, FL 33351</b>	STREET ADDRESS	<b>Grosse Pointe, MI 48230</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE CFO	<b>ROBERTS, BRETT A</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>25505 WEST TWELVE MILE ROAD</b>	NAME	
STREET ADDRESS	<b>SOUTHFIELD, MI 48034</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	<b>PEARCE, CHARLES A</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>25505 WEST TWELVE MILE ROAD</b>	NAME	
STREET ADDRESS	<b>SOUTHFIELD, MI 48034</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	<b>BUSK, DOUGLAS W</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>25505 WEST TWELVE MILE ROAD</b>	NAME	
STREET ADDRESS	<b>SOUTHFIELD, MI 48034</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<b>FOSS, DONALD A</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>25505 WEST TWELVE MILE ROAD</b>	NAME	
STREET ADDRESS	<b>SOUTHFIELD, MI 48034</b>	STREET ADDRESS	
CITY-ST-ZIP		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: Charles A. Pearce 4/27/04 Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (248) 353-2700 Daytime Phone #