

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000745

FILED
Apr 16, 2009
Secretary of State

Entity Name: CREDIT ACCEPTANCE WHOLESALERS CLUB, INC.

Current Principal Place of Business:

25505 WEST TWELVE MILE ROAD
SOUTHFIELD, MI 48034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5070
SOUTHFIELD, MI 48065070

New Mailing Address:

FEI Number: 30-0036555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, STEVEN
Address: 25505 W 12 MILE ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: S () Delete
Name: PEARCE, CHARLES A
Address: 25505 WEST TWELVE MILE ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: TD () Delete
Name: BUSK, DOUGLAS W
Address: 25505 WEST TWELVE MILE ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: D () Delete
Name: FOSS, DONALD A
Address: 25505 WEST TWELVE MILE ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: D () Delete
Name: ROBERTS, BRETT A
Address: 25505 WEST TWELVE MILE ROAD
City-St-Zip: SOUTHFIELD, MI 48034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES A. PEARCE

S

04/16/2009

Electronic Signature of Signing Officer or Director

Date