

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F92000000002 (7)

1. Corporation Name
OAKWOOD ACCEPTANCE CORPORATION

Principal Place of Business 7800 MCCLOUD RD. P.O. BOX 27081 GREENSBORO NC 27425-7081 US	Mailing Address P.O. BOX 27081 P.O. BOX 35807 GREENSBORO NC 27425-7081 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1992

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 56-1377207 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
---	--	---

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
---------	---	----	---------	-------------

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP COBO ST. GEORGE, NICHOLAS J 7800 MCCLOUD RD. GREENSBORO NC <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD MICHAEL, A S 2225 S. HOLDEN ROAD GREENSBORO NC <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP President & Asst. Secretary C. Michael Kilbourne 7800 McCloud Road Greensboro, NC 27409-9634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP EVP GILMORE, LARRY T 2225 S. HOLDEN ROAD GREENSBORO NC <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Executive Vice President Robert A. Smith 7800 McCloud Road Greensboro, NC 27409-9634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP GRIFFIN, JIMMY S 2225 S. HOLDEN ROAD GREENSBORO NC <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Vice President, Treasure & Secretary Douglas R. Muir 7800 McCloud Road Greensboro, NC 27409-9634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP MUIR, DOUGLAS R 2225 S. HOLDEN ROAD GREENSBORO NC <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP Sr. Vice President Jimmy S. Griffin 7800 McCloud Road Greensboro, NC 27409-9634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP Sr Vice President Mike Ruthenford 7800 McCloud Road Greensboro, NC 27409-9634 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Douglas R. Muir

4/22/98

CR2E034 (10/97)