

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~Fi-72~~ 2000000002

1. Entity Name

Oakwood Acceptance Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 21 PM 1:20

Principal Place of Business: 7800 McCloud Rd, Greensboro, NC 27409
Mailing Address: P.O. Box 27081, Greensboro, NC 27425

2. Principal Place of Business		3. Mailing Address		4. FEI Number 56-1377207	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324			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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President - COBD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duane D. Daggett		NAME		
STREET ADDRESS	7800 McCloud Rd		STREET ADDRESS		
CITY-ST-ZIP	Greensboro NC 27409		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael D. Rutherford		NAME		
STREET ADDRESS	7800 McCloud Road		STREET ADDRESS		
CITY-ST-ZIP	Greensboro, NC 27409		CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas R. Muir		NAME		
STREET ADDRESS	7800 McCloud Road		STREET ADDRESS		
CITY-ST-ZIP	Greensboro, NC 27409		CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myles E. Standish		NAME		
STREET ADDRESS	7800 McCloud Rd.		STREET ADDRESS		
CITY-ST-ZIP	Greensboro, NC 27409		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzanne H. Wood		NAME		
STREET ADDRESS	7800 McCloud Road		STREET ADDRESS		
CITY-ST-ZIP	Greensboro, NC 27409		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmy S. Griffin		NAME		
STREET ADDRESS	7800 McCloud Rd.		STREET ADDRESS		
CITY-ST-ZIP	Greensboro, NC 27409		CITY-ST-ZIP		

FF \$550.00

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/01

Date

Daytime Phone #

CR2E034 (11/00)