

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

FILED
Apr 29 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F93000004714 (2)
 1. Corporation Name
AUTOMOBILE CREDIT ACCEPTANCE CORP.



| | |
|---|--|
| Principal Place of Business 700 N. PEARL ST., SUITE 400 DALLAS TX 75201 | Mailing Address 700 N. PEARL ST., SUITE 400 DALLAS TX 75201-2809 |
|---|--|

| | | | |
|---|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/19/1993 | 3a. Date of Last Report 04/10/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 75-2358174 | Applied For Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 | | 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code | |
|--|--|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P | 1.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EVANS, GEORGE C. | 1.2 NAME | Anthony J. Dellavechia |
| STREET ADDRESS | 700 N. PEARL STREET SUITE 400 LB401 | 1.3 STREET ADDRESS | 700 N. Pearl St., Ste 400 |
| CITY-ST-ZIP | DALLAS TX | 1.4 CITY-ST-ZIP | Dallas, TX 75201 |
| TITLE | EVPC | 2.1 TITLE | Sr. Exec VP, CFO, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IDZI, ROBERT D. | 2.2 NAME | |
| STREET ADDRESS | 700 N. PEARL ST., STE. 400 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | Sr. VP, Gen. Counsel, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DORMAN, JOE B. | 3.2 NAME | Ellis A. Regenbogen |
| STREET ADDRESS | 700 NORTH PEARL STREET SUITE 400 LB401 | 3.3 STREET ADDRESS | 700 N. Pearl St., Ste 400 |
| CITY-ST-ZIP | DALLAS TX | 3.4 CITY-ST-ZIP | Dallas, TX 75201 |
| TITLE | VPAS | 4.1 TITLE | |
| NAME | MALONE, CAROLYN J. | 4.2 NAME | |
| STREET ADDRESS | 700 N. PEARL ST., SUITE 400 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | Sole Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Robert D. Idzi |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 700 N. Pearl St., Ste 400 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Dallas, TX 75201 |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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, or on an attachment with an address.

SIGNATURE: *Robert D. Idzi* 4/14/97 214/96S-6000

CR2E034 (9/96)