

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90001 014 ***150.00

DOCUMENT # F94000005834	
1. Entity Name THE MONEY STORE AUTO FINANCE INC.	

Principal Place of Business 1620 E. ROSEVILLE PKWY SUITE 210 ROSEVILLE, CA 95661 US	Mailing Address TWO WACHOVIA CENTER NC0200 CHARLOTTE, NC 28288-0200 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 201 S. College St. Suite, Apt. #, etc. NC-0200, Att: Jenny Fullwood	
City & State		City & State Charlotte, NC	
Zip	Country	Zip	Country
		28244-0200	US

01072004 Chg-P CR2E034 (10/03)

4. FEI Number 22-3331186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: ZBRZEZNJ, BEHN JO STREET ADDRESS: 4837 WATT AVE., SUITE 200 CITY-ST-ZIP: NORTH HIGHLANDS, CA 95605108	<input type="checkbox"/> Delete	VP NAME: Herbert A. Wate STREET ADDRESS: 201 S College St CITY-ST-ZIP: Charlotte, NC 28244-0200	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: METZ, MARK STREET ADDRESS: 301 SOUTH COLLEGE STREET CITY-ST-ZIP: CHARLOTTE, NC 28288	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: LYON, ARTHUR Q STREET ADDRESS: 1620 E. ROSEVILLE PKWY. -STE.210- CITY-ST-ZIP: ROSEVILLE, CA 95661	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: CHEPUL, JOHN STREET ADDRESS: TWO WACHOVIA CENTER, NC0200 CITY-ST-ZIP: CHARLOTTE, NC 282880200	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: BURTON, ROBERT V STREET ADDRESS: 301 SOUTH COLLEGE STREET CITY-ST-ZIP: CHARLOTTE, NC 28288	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: DAVIS, AMY.H STREET ADDRESS: 4837 WATT AVE CITY-ST-ZIP: NORTH HIGHLANDS, CA. 95660	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Herbert A. Wate</u>	Date: <u>01/08/04</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		