

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90105 025 \*\*\*550.00

0148466 AB

**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  
**1620 E. ROSEVILLE PKWY  
SUITE 210  
ROSEVILLE CA 95661  
US**

2. Principal Place of Business

3. Mailing Address

**Two Wachovia Center NC0200**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Charlotte, NC**

Zip

Country

Zip

Country

**28288-0200**

**US**

4. FEI Number

**22-3331186**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUDSON, MARK 4837 WATT AVE NORTH HIGHLANDS CA 95660</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S METZ, MARK 301 SOUTH COLLEGE STREET CHARLOTTE NC 28288</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President LYON, ARTHUR Q 1620 E. ROSEVILLE PKWY. -STE.210 ROSEVILLE CA 95661</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUDSON, MARK 4837 WATT AVE. NORTH HIGHLANDS CA 95660</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURTON, ROBERT V 301 SOUTH COLLEGE STREET CHARLOTTE NC 28288</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DAVIS, AMY H 4837 WATT AVE NORTH HIGHLANDS CA 95660</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Beth Jo Zbrzezny 4837 WATT AVE, Suite 200 North Highlands, CA 95660-5108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President John Chepul Two Wachovia Center, NC0200 Charlotte, NC 28288-0800</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Jerry DeBerry Two Wachovia Center, NC0200 Charlotte, NC 28288-0200</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

**JOHN T. CHEPUL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/19/03**  
Date

**(704) 374-2849**  
Daytime Phone #

CR2E034 (4/03)