

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90063 014 ***150.00

DOCUMENT # F96000000034

1. Corporation Name

AMERICREDIT CORPORATION OF CALIFORNIA

Principal Place of Business

765 THE CITY DR. #105
ORANGE CA 92668

Mailing Address

200 BAILEY AVE.
FORT WORTH TX 76107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

33-0011256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 801 Cherry Street

Suite, Apt. #, etc.

22 Suite 2000

City & State

23 Fort Worth, Texas

Zip

24 76102

Country

25 Tarrant

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

n/a

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCOO ☐ DELETE

NAME FRYE, ROBERT J
STREET ADDRESS 2536 CENTRAL PARK BLVD, #1422
CITY-ST-ZIP BEDFORD TX 76116

TITLE D ☐ DELETE

NAME HUGHES, MICHAEL G
STREET ADDRESS 3 RIBERA
CITY-ST-ZIP IRVINE CA 92720

TITLE D ☐ DELETE

NAME MORRIS, CLIFTON H
STREET ADDRESS 4801 OVERTON HOLLOW
CITY-ST-ZIP FORT WORTH TX 76109

TITLE D ☐ DELETE

NAME BARRINGTON, MICHAEL R
STREET ADDRESS 52 WESTOVER TERRACE
CITY-ST-ZIP FORT WORTH TX 76107

TITLE D ☐ DELETE

NAME BERCE, DANIEL E
STREET ADDRESS 3750 HOLLOW CREEK RD.
CITY-ST-ZIP FORT WORTH TX 76116

TITLE VPGS ☐ DELETE

NAME CHAOTE, CHRIS A
STREET ADDRESS 2241 WEST MAGNOLIA AVE.
CITY-ST-ZIP FORT WORTH TX

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris A. Choate, Sr. VP, General Counsel

April 2, 1999

and Secretary

Date

Daytime Phone #

CR2E034 (1/1/98)

0558795