

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005767

1. Entity Name
TRIAD FINANCIAL CORPORATION OF CALIFORNIA



Principal Place of Business
**7711 CENTER AVE
SUITE 100
HUNTINGTON BEACH, CA 92647**

Mailing Address
**7711 CENTER AVE
SUITE 100
HUNTINGTON BEACH, CA 92647**

DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
33-0356705

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. ☐ **\$5.00 May Be Added to Fees**

**000000119643
04/19/04-80107-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDY, JAMES M 7711 CENTER AVE, SUITE 100 HUNTINGTON BEACH, CA 92647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLASSER, DEBRA G 7711 CENTER AVE, SUITE 100 HUNTINGTON BEACH, CA 92647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILHELMS, MIKE 7711 CENTER AVENUE, SUITE 100 HUNTINGTON BEACH, CA 92647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, JAMES M 7711 CENTER AVE, SUITE 100 HUNTINGTON BEACH, CA 92647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOONE, JOHN T 7711 CENTER AVE, SUITE 100 HUNTINGTON BEACH, CA 92647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAWSON, MAGGIE P 7711 CENTER AVE, SUITE 100 HUNTINGTON BEACH, CA 92647

**DO NOT WRITE
IN THIS SPACE**

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:

Debra G. Glasser
DEBRA G GLASSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04
Date

714-799-2288
Daytime Phone #