


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90086 033 \*\*\*150.00

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
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0356705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. <del>526 E. PARK AVENUE</del> <del>TALLAHASSEE, FL 32301</del> 2731 Executive Park Drive, Suite 4 Weston, FL 33331	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 <del>SWARTZ, JAMES M</del> David P. Cosper 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

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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>Debra G. Glasser</u>	<u>Debra G. Glasser</u> Corporate Secretary	(714) 313-8300 Daytime Phone #
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