

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 048 ***150.00

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1. Entity Name
ONYX ACCEPTANCE CORPORATION



Principal Place of Business
27051 TOWNE CENTRE DR.
FOOTHILL RANCH, CA 92610 US

Mailing Address
27051 TOWNE CENTRE DR.
FOOTHILL RANCH, CA 92610 US

34060100



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0577635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COB
STICKEL, THOMAS C
750 "B" STREET SUITE 3105
SAN DIEGO, CA 92101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCED
HALL, JOHN W
27051 TOWNE CENTRE DR.
FOOTHILL RANCH, CA 92610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, G: BRADFORD
11150 SANTA MONICA BLVD STE 1200
LOS ANGELES, CA 90025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEYERS, C. THOMAS
81 FULLING MILL LANE
FAIRFIELD, CT 06430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPS
KRAHELSKI, MICHAEL A
27051 TOWNE CTR DR
FOOTHILL RANCH, CA 92610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPD
DUFFY, DON P
27051 TOWNE CENTRE DRIVE
FOOTHILL RANCH, CA 92610

**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: by: *Onyx Acceptance Corporation*
Michael A. Krahelski SV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

949/465-3658

Daytime Phone #