## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F96000006256



FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90077 008 \*\*\*150.00

| ONYX ACCEPTANCE CORPORATION                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |               |                                                    |                                    |                                                                |                          |                  |                 |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------|----------------------------------------------------|------------------------------------|----------------------------------------------------------------|--------------------------|------------------|-----------------|------------|--|
|                                                                                                                                                                                                                                | e of Business<br>NE CENTRE DR.<br>NNCH, CA 92610 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mailing Address<br>27051 TOWNE CENTRE DR.<br>FOOTHILL RANCH, CA 92610 |               | us                                                 |                                    | <b>  1</b>   1   1   1   1   1   1   1   1   1                 | 18 JOHN BINI BERI BENI I |                  | 50021           | . 393      |  |
| 2. Principal Place of Business                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Mailing Address                                                    |               |                                                    |                                    |                                                                |                          |                  |                 |            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Suite, Apt. #, etc.                                                   |               |                                                    |                                    | 02242005 Chg-P CR2E034 (10/03)                                 |                          |                  |                 |            |  |
| City & State                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | City & State                                                          |               |                                                    |                                    | 4. FEI Number Applied For 33-0577635 Not Applicable            |                          |                  |                 |            |  |
| Zip                                                                                                                                                                                                                            | Country Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Country       |                                                    |                                    | 5. Certificate of Status Desired 38.75 Additional Fee Required |                          |                  |                 |            |  |
|                                                                                                                                                                                                                                | 6. Name and Address of Current F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | legistered Agent                                                      |               |                                                    |                                    | 7. Name and                                                    | d Address of New         | Registered       | Agent           |            |  |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |               | Name                                               |                                    |                                                                |                          |                  |                 |            |  |
| CORPORATION SERVICE COMPANY                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |               | Street Address (P.O. Box Number is Not Acceptable) |                                    |                                                                |                          |                  |                 |            |  |
| 1201 HAYS                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Street Address (                                                      |               |                                                    | P.O. Box Number is Not Acceptable) |                                                                |                          |                  |                 |            |  |
| TALLAHASSEE, FL 32301-2525                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |               |                                                    |                                    |                                                                |                          |                  |                 |            |  |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |               | City ·                                             |                                    |                                                                |                          | FL               | Zip Coo         | le         |  |
| 8. The above                                                                                                                                                                                                                   | named entity submits this statement for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the nurpose of changing its                                           | registere     | ed office or rea                                   | istere                             | ed agent or bo                                                 | oth in the State of      |                  | familiar with   | and accept |  |
| 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. It am familiar with, and accept the obligations of registered agent. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |               |                                                    |                                    |                                                                |                          |                  |                 |            |  |
| SIGNATURE                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |               |                                                    |                                    |                                                                |                          |                  |                 |            |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |               |                                                    |                                    |                                                                |                          |                  |                 |            |  |
| 10.                                                                                                                                                                                                                            | OFFICERS AND I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DIRECTORS                                                             | 11.           |                                                    |                                    | ADDITIONS                                                      | /CHANGES TO O            | EEICERS AND      | DIRECTOR        | S IN 11    |  |
| TITLE                                                                                                                                                                                                                          | COB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Delete                                                                | TITLE         |                                                    | AL                                 |                                                                | Lawson                   |                  | ☐ Change        | Addition   |  |
| NAME                                                                                                                                                                                                                           | STICKEL, THOMAS C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7                                                                     | NAME          |                                                    | W V                                | / 41                                                           | Dailas                   | Po where         |                 |            |  |
| STREET ADDRESS                                                                                                                                                                                                                 | 750 "B" STREET SUITE 3105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | STREE         |                                                    |                                    |                                                                |                          |                  |                 |            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | SAN DIEGÖ, CA 92101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | слү-          | -ST-ZIP                                            | 14                                 | mos 10                                                         | ekas 7                   | 50.33            |                 |            |  |
| TITLE                                                                                                                                                                                                                          | PCED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Delete                                                                | TITLE         |                                                    |                                    |                                                                |                          |                  | ☐ Change        | Addition   |  |
| NAME                                                                                                                                                                                                                           | HALL, JOHN W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | NAME          | E İ                                                |                                    |                                                                |                          |                  |                 | _          |  |
| STREET ADDRESS                                                                                                                                                                                                                 | 27051 TOWNE CENTRE DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | STREE         | ET ADDRESS                                         |                                    |                                                                | 1                        |                  |                 |            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | FOOTHILL RANCH, CA 92610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Ç(TY-         | -ST - ZiP                                          |                                    |                                                                | 100                      |                  |                 |            |  |
| TITLE                                                                                                                                                                                                                          | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Delete                                                                | TITLE         |                                                    |                                    |                                                                | Vict -                   |                  | Change          | Addition   |  |
| NAME                                                                                                                                                                                                                           | JONES, G. BRADFOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | / -                                                                   | NAME          | E                                                  |                                    | $\lambda^{0}$                                                  | 113                      |                  |                 |            |  |
| STREET ADDRESS                                                                                                                                                                                                                 | 11150 SANTA MONICA BLVD ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E 1200                                                                | •             | ET ADDRESS                                         |                                    | 2                                                              | 7                        |                  |                 | ĺ          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | LOS ANGELES, CA 90025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | CITY-         | -ST - ZIP                                          |                                    | , 0/                                                           |                          |                  |                 |            |  |
| TITLE                                                                                                                                                                                                                          | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Z - Delete                                                            | TITLE         | م ا                                                | C)                                 |                                                                |                          |                  | Change          | Addition   |  |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                         | MEYERS, C. THOMAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | NAME          |                                                    | フ                                  |                                                                |                          |                  |                 |            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | 81 FULLING MILL LANE<br>FAIRFIELD, CT 06430                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |               | et address /<br>-st-zip                            |                                    |                                                                |                          |                  |                 |            |  |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | /                                                                     | ┺             |                                                    | 0                                  | Ca                                                             |                          |                  | \ <u></u>       | <b>67</b>  |  |
| TITLE<br>NAME                                                                                                                                                                                                                  | SVPS<br>KRAHELSKI, MICHAEL A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Defete                                                              | TITLE         | 1 7                                                | 4 -5                               | 3, <del>1-</del> 3-                                            | cretar                   | -9               | Change          | Addition   |  |
| STREET ADDRESS                                                                                                                                                                                                                 | 27051 TOWNE CTR DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | NAME<br>STREE | ET ADDRESS                                         |                                    |                                                                |                          |                  |                 |            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | FOOTHILL RANCH, CA 92610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |               | -ST-ZIP                                            |                                    |                                                                |                          |                  |                 |            |  |
| TITLE                                                                                                                                                                                                                          | EVPD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | -             |                                                    | 3 /-                               | <u></u>                                                        |                          |                  | (A)             | ☐ Addising |  |
| NAME                                                                                                                                                                                                                           | DUFFY, DON P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | . Defete                                                              | TITLE<br>NAME | -                                                  | <i>, F</i>                         | J                                                              |                          |                  | Change          | Addition   |  |
| STREET ADDRESS                                                                                                                                                                                                                 | 27051 TOWNE CENTRE DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | В             | ET ADDRESS                                         |                                    |                                                                |                          |                  |                 |            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | FOOTHILL RANCH, CA 92610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . , =                                                                 |               | -ST-ZIP                                            |                                    |                                                                |                          |                  | •               |            |  |
| 12. I hereby o                                                                                                                                                                                                                 | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | this filing does not qualify for                                      |               |                                                    | in Sec                             | ction 119 07/31                                                | (i) Florida Statute      | s. I further cer | tify that the i | nformation |  |
| indicated                                                                                                                                                                                                                      | 12. Thereby certify that the information supplied with this filling 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 |                                                                       |               |                                                    |                                    |                                                                |                          |                  |                 |            |  |

ATTACHMENT +F96000006256 50021393

## Officer and Directors for Onyx Acceptance Corporation

**Directors** 

David R. Lawson 3901 N. Dallas Parkway Plano, Texas 75093

Chairman

John W. Hall 27051 Towne Centre Drive Foothill Ranch, CA 92610 President and CEO

Officers

John W. Hall 27051 Towne Centre Drive Foothill Ranch, CA 92610 President and CEO

Frank R. Borchert, III 1680 Capital One Drive McLean, VA 22101 Secretary & Deputy General Counsel

Don P. Duffy 27051 Towne Centre Drive Foothill Ranch, CA 92610

**CFO** 

Daniel P. Friedman 3901 N. Dallas Parkway Plano, Texas 75093

VP, Marketing and Analysis

Kyle Shidler 3901 N. Dallas Parkway Plano, Texas 75093 VP and COO

Vincent M. Scardina 27051 Towne Centre Drive Foothill Ranch, CA 92610 Treasurer

W. Randolph Ellspermann 3901 N. Dallas Parkway. Plano, Texas 75093 Assistant VP

Albert A. Ciafre 1680 Capital One Drive McLean, VA 22101 Assistant VP

Steve Cunningham 1680 Capital One Drive McLean, VA 22101 Assistant VP