

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/7/2003-90180-004-\$558.75-\$558.75

05/27/03 AT

DOCUMENT # F96000006256

1. Entity Name
ONYX ACCEPTANCE CORPORATION



FILED

03 JUN -9 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

NRAI SERVICES INC.
528 E. PARK AVE.
TALLAHASSEE FL 32301

Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Half Street
City Tallahassee FL Zip Code 32301

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.

Jeanine Reynolds
as its agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-9-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

ONYX ACCEPTANCE CORPORATION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03 949/465-3658
Date Daytime Phone

CR2E034 (10/02)