

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90054 014 \*\*\*150.00

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1. Corporation Name

~~CHAMPION ACCEPTANCE CORPORATION~~

Ugly Duckling Credit Corporation, formerly  
known as Champion Acceptance Corporation

Principal Place of Business

2525 E. CAMELBACK RD. SUITE 1150  
PHOENIX AZ 85016

Mailing Address

2525 E. CAMELBACK RD. SUITE 1150  
PHOENIX AZ 85016



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

86-0677984

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2525 E. Camelback Rd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 2525 E. Camelback Rd.  
Suite, Apt. #, etc.

22 Ste. 500  
City & State

27 Ste. 500  
City & State

23 Phoenix, AZ 85016

28 Phoenix, AZ 85016

Zip Country

24 85016

25 US

Zip Country

29 85016

30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CS	JOHNSON, STEVEN P	2525 E. CAMELBACK RD, SUITE 1150	PHOENIX AZ 85016	<input checked="" type="checkbox"/>
P	GRISANTI, RUSS	2525 E. CAMELBACK RD, SUITE 1150	PHOENIX AZ 85016	<input checked="" type="checkbox"/>
V	SMALL, JOY	2525 E. CAMELBACK RD, SUITE 1150	PHOENIX AZ 85016	<input checked="" type="checkbox"/>
V	FREDERICK, BILL	2525 E. CAMELBACK RD, SUITE 1150	PHOENIX AZ 85016	<input checked="" type="checkbox"/>
V	POST, NORMAN A	2525 E. CAMELBACK RD, SUITE 1150	PHOENIX AZ 85016	<input checked="" type="checkbox"/>
T	DARAK, STEVEN T	2525 E. CAMELBACK RD, SUITE 1150	PHOENIX AZ 85016	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Secretary	Jon D. Ehlinger	2525 E. Camelback Rd., Ste.500	Phoenix, AZ 85016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President & Director	Gregory B. Sullivan	2525 E. Camelback Rd., Ste.500	Phoenix, AZ 85016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sr. Vice President	Peter G. Levas	2525 E. Camelback Rd., Ste.500	Phoenix, AZ 85016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Mike Young	2525 E. Camelback Rd., Ste.500	Phoenix, AZ 85016	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon D. Ehlinger 602-852-6736

Date

Daytime Phone #

CR2E034 (11/98)