

2001 UNIFORM BUSINESS REPORT (UBR)

0571385

DOCUMENT # F98000000722

1. Entity Name

AUTO-BY-TEL ACCEPTANCE CORPORATION

Principal Place of Business

18872 MACARTHUR BLVD.
3RD FLOOR, LEGAL DEPT.
IRVINE CA 92612-1400

Mailing Address

18872 MACARTHUR BLVD.
3RD FLOOR, LEGAL DEPT.
IRVINE CA 92612-1400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 33-0711570

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

500003576545--7

-01/26/01--01055--018

***150.00

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.

LS

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DELIGATTA, ANN M
STREET ADDRESS 18872 MACARTHUR BLVD., 2ND FL
CITY-ST-ZIP IRVINE CA ☒ Delete

TITLE P/D
NAME Lorimer, Mark W.
STREET ADDRESS 18872 MacArthur Boulevard
CITY-ST-ZIP Irvine, CA 92612-1400 ☐ Change ☒ Addition

TITLE VCFO
NAME PRINTER, HOSHI
STREET ADDRESS 18872 MACARTHUR BLVD., 2ND FL
CITY-ST-ZIP IRVINE CA ☒ Delete

TITLE V/T/D
NAME Kothari, Amit
STREET ADDRESS 18872 MacArthur Boulevard
CITY-ST-ZIP Irvine, CA 92612-1400 ☐ Change ☒ Addition

TITLE D
NAME DELIGATTA, ANN M
STREET ADDRESS 18872 MACARTHUR BLVD.
CITY-ST-ZIP IRVINE CA 92612-1400 ☒ Delete

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

TITLE S
NAME AMIR, ARIEL
STREET ADDRESS 18872 MACARTHUR BLVD.
CITY-ST-ZIP IRVINE CA 92612-1400 ☐ Delete

TITLE V/S/D
NAME Amir, Ariel
STREET ADDRESS 18872 MacArthur Boulevard
CITY-ST-ZIP Irvine, CA 92612-1400 ☒ Change ☐ Addition

TITLE D
NAME LORIMER, MARK W
STREET ADDRESS 152 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME Tuschman, Jason W.
STREET ADDRESS 18872 MacArthur Boulevard
CITY-ST-ZIP Irvine, CA 92612-1400 ☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Ariel Amir

1/8/01

949.225.4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)