2004 FOR PROFIT CORPORATION

ANNUAL REPORT

Mar 30, 2004 8:00 am Secretary of State DOCUMENT # F9800000722 03-30-2004 90008 015 ***150.00 1. Entity Name **AUTO-BY-TEL ACCEPTANCE CORPORATION** Principal Place of Business Mailing Address 94039636 18872 MACARTHUR BLVD. 18872 MACARTHUR BLVD. 3RD FLOOR, LEGAL DEPT. 3RD FLOOR, LEGAL DEPT. IRVINE, CA 92612-1400 IRVINE, CA 92612-1400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 33-0711570 Not Applicable Zio Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Delete TITLE ☐ Change NAME SCHWARTZ, JEFFERY A NAME 18872 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IRVINE, CA 926121400 CITY-ST-ZiP VTD T/CFO/D TITLE Delete TITLE ☐ Change **X** Addition KOTHARI, AMIT PRINTER, HOSHI NAME NAME 18872 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS 18872 MACARTHUR BLVD. CITY-ST-ZIP IRVINE, CA 926121400 CITY-ST-ZIP IRVINE, CA 92612 VSD ☐ Delete Change Addition TITLE TITLE AMIR, ARIEL NAME NAME 18872 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS IRVINE, CA 926121400 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Channe ☐ Addition TITLE TITI F SCHWARTZMAN, RUSSELL NAME NAME STREET ADDRESS 18872 MACARTHUR BLVD STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

IRVINE, CA 926121400

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Ariel Amir, VP/Sec.

03/24/04

(949) 225-4500

☐ Change

Change

☐ Addition

☐ Addition

Daytime Phone #

FILED