


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90016 039 \*\*\*150.00

<b>DOCUMENT # F98000000722</b> 1. Entity Name <b>AUTO-BY-TEL ACCEPTANCE CORPORATION</b>					
Principal Place of Business <b>18872 MACARTHUR BLVD. 3RD FLOOR, LEGAL DEPT. IRVINE, CA 92612-1400</b>			Mailing Address <b>18872 MACARTHUR BLVD. 3RD FLOOR, LEGAL DEPT. IRVINE, CA 92612-1400</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>33-0711570</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POST, RICHARD A		NAME	James E. Riesenbach	
STREET ADDRESS	18872 MACARTHUR BLVD		STREET ADDRESS	18872 MacArthur Blvd.	
CITY-ST-ZIP	IRVINE, CA 92612		CITY-ST-ZIP	Irvine, CA 92612	
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, MICHAEL		NAME		
STREET ADDRESS	18872 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 926121400		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMIR, ARIEL		NAME		
STREET ADDRESS	18872 MACARTHUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 926121400		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHLING, JILL		NAME		
STREET ADDRESS	18872 MACARTHUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 392612		CITY-ST-ZIP		
TITLE	EVPC	<input checked="" type="checkbox"/> Delete	TITLE	VP/Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, RICHARD		NAME	Glenn Fuller	
STREET ADDRESS	18872 MACARTHUR BLVD		STREET ADDRESS	18872 MacArthur Blvd.	
CITY-ST-ZIP	IRVINE, CA 92612		CITY-ST-ZIP	Irvine, CA 92612	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/8/07</b> <small>Date</small>		<b>949-225-4500</b> <small>Daytime Phone #</small>