

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90126 001 ***158.75

DOCUMENT # F99000000768

Entity Name

THOR CREDIT CORPORATION

Principal Place of Business

**NEWPORT CENTER DRIVE
 250
 BEACH CA 92660**

Mailing Address

**660 NEWPORT CENTER DRIVE
 SUITE 250
 NEWPORT BEACH CA 92660-6401**

2 Principal Place of Business

1000 Anton Blvd

Suite, Apt. #, etc.

Suite 1900

Costa Mesa, CA

92626

USA

3. Mailing Address

1000 Anton Blvd

Suite, Apt. #, etc.

Suite 1900

Costa Mesa, CA

92626

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0605204

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCLEOD, JAMES J
 2141 GILLIS COURT
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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)

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**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to: Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	KIRWAN, ROGER T	
STREET ADDRESS	660 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	GANDOLFO, MARGARET A	
STREET ADDRESS	660 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ARIENTI, EDWARD J	
STREET ADDRESS	660 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marques Gandolfo	
STREET ADDRESS	1000 Anton Blvd Suite 1900	
CITY-ST-ZIP	Costa Mesa, CA 92626	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arienti, Edward J	
STREET ADDRESS	600 Anton Blvd Suite 1900	
CITY-ST-ZIP	Costa Mesa, CA 92626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Edward J Arienti
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 (714) 481-7000