

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000768

1. Entity Name  
**THOR CREDIT CORPORATION**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90031 024 \*\*\*150.00

Principal Place of Business  
**600 ANTRON BLVD., SUITE 1900  
COSTA MESA CA 92626**

Mailing Address  
**600 ANTRON BLVD., SUITE 1900  
COSTA MESA CA 92626**

2. Principal Place of Business  
**600 Anton Blvd Suite 1900**

3. Mailing Address  
**600 Anton Blvd Suite 1900**

Suite, Apt. #, etc.

City & State  
**Costa Mesa, CA**

City & State  
**Costa Mesa, CA**

Zip  
**92626**

Country  
**USA**

Zip  
**92626**

Country  
**USA**

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 \_\_\_\_\_ (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	SV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANDOLFO, MARGARET A</b>		NAME		
STREET ADDRESS	<b>600 ANTRON BLVD., SUITE 1900</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COSTA MESA CA 92626</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARIENTI, EDWARD J</b>		NAME		
STREET ADDRESS	<b>600 ANTRON BLVD., SUITE 1900</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COSTA MESA CA 92626</b>		CITY-ST-ZIP		
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		
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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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		

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: Margaret Gandolfo **Margaret Gandolfo, SVP** 3/21/01 (714) 481-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0632144

CR2E034 (10/00)