

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
 08-22-2000 90219 018 ***550.00

DOCUMENT # F99000006576

1. Entity Name
 AUTOELOAN.COM, INC.

Principal Place of Business Mailing Address
 1431 GREENWAY DR., SUITE 300 1431 GREENWAY DR., SUITE 300
 IRVING TX 75038 IRVING TX 75038

A0073852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-2816356		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BASS, JAMES W		STREET ADDRESS	MARK Anderson	
CITY-ST-ZIP	1431 GREENWAY DR., SUITE 300		CITY-ST-ZIP	1850 Highway 27 South	
	IRVING TX 75038			bedider LA 70637	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	HINDS, ROBERT W		STREET ADDRESS	Daniel Sheedy	
CITY-ST-ZIP	1431 GREENWAY DR., SUITE 300		CITY-ST-ZIP	2905 Milton Ave.	
	IRVING TX 75038			Dallas TX 75205	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	WEST, BRENT W		STREET ADDRESS	William morrison	
CITY-ST-ZIP	1431 GREENWAY DR., SUITE 300		CITY-ST-ZIP	703 Landon's Way	
	IRVING TX 75038			Spring Branch TX 78070	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SELKE, DAVID A		STREET ADDRESS	Carl Bell	
CITY-ST-ZIP	1431 GREENWAY DR., SUITE 300		CITY-ST-ZIP	5834 Park Lane	
	IRVING TX 75038			Dallas TX 75225	
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	RISER, MELVIN T		STREET ADDRESS	V.P. of Finance	
CITY-ST-ZIP	1431 GREENWAY DR., SUITE 300		CITY-ST-ZIP	Karen Logan	
	IRVING TX 75038			13111 Pennystone Drive	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	VS		STREET ADDRESS	Chief Information Officer	
CITY-ST-ZIP	MECK, PAULA B		CITY-ST-ZIP	Jeffrey Price	
	1431 GREENWAY DR., SUITE 300			2078 Kamla	
	IRVING TX 75038			Lewisville TX 75067	

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: Paula Meck SECRETARY 8/14/2000 214-492-5100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)