

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # M97000000846****1. Entity Name**  
BAR NONE CONSUMER FINANCE, LLC

<b>Principal Place of Business</b> 1735 TECHNOLOGY DRIVE, SUITE 420  SAN JOSE CA 95110	<b>Mailing Address</b> 1735 TECHNOLOGY DRIVE, SUITE 420  SAN JOSE CA 95110
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<b>2. Principal Place of Business</b> 6800 KOLL CENTER PARKWAY	<b>3. Mailing Address</b> 6800 KOLL CENTER PARKWAY
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Suite, Apt. #, etc. SUITE 320	Suite, Apt. #, etc. SUITE 320
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City & State PLEASANTON CA	City & State PLEASANTON CA
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Zip 94566	Country	Zip 94566	Country
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<b>4. FEI Number</b> 77-0449471	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION FL  
33324 US**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** \_\_\_\_\_ **03/13/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> WARREN SANDY & MERLE 990 INDUSTRIAL ROAD, SUITE 211 SAN CARLOS CA 94070	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> CROUSE SCOTT C 1735 TECHNOLOGY DRIVE, SUITE 420 SAN JOSE CA 95110	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> DOERNER ANGELIA M 1735 TECHNOLOGY DRIVE, SUITE 430B SAN JOSE CA 95110	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> STOCKDALE JEFFREY K 1735 TECHNOLOGY DRIVE, SUITE 430B SAN JOSE CA 95110	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> HALL BRIAN S 1735 TECHNOLOGY DRIVE, SUITE 430B SAN JOSE CA 95110	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> CROUSE JAMES L 1735 TECHNOLOGY DRIVE, SUITE 430 SAN JOSE CA 95110	<input type="checkbox"/> Delete
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**10. ADDITIONS / CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:** Angelia M. Doerner **MGR** **03/13/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)